



METRO TRANSCRIPTS, LLC

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Credit Card Authorization Form

All information will remain confidential.

Cardholder Name (as shown on the card): _____

Billing Address: _____

City, State & ZIP: _____

| Credit Card Information | |
|-------------------------|--|
| Card Type: | <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____ |
| Card Number: | _____ |
| Expiration Date: | _____ Security Code/CVC2/CVV2: _____ |

Amount to Charge: \$ _____

Authorization

I authorize _____ to charge my credit card provided herein for agreed amount listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that my information will be saved to file for future transactions on my account.

Signature

Date