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Credit Card Authorization Form

Client's Name: _____

Responsible Party Name: _____

Credit Card Information

Type: Visa MC AmEx Discover JCB UnionPay

Card #: _____

Name: _____

Exp. Date: ____ / ____ CVV #: _____

Billing Address

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: _____

E-mail address for invoice receipt: _____

I hereby authorize this card to be used for future services and/or final payment.

Cardholder Signature: _____

Date Signed: ____ / ____ / _____

Please return by fax to (321) 333-5682 or by email to info@kissimmeespeech.com