

DWI Consultants, Inc.

AS OF 12/20/16

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MASTERCARD/VISA AUTHORIZATION FORM

ATTORNEY NAME: _____

CLIENT NAME: _____

NAME AS IT APPEARS ON THE CARD:	RELATIONSHIP TO CLIENT:
BILLING ADDRESS WITH ZIP CODE:	TELEPHONE NUMBER(s):
CREDIT CARD # (Please write clearly) MASTERCARD/VISA ONLY	EXPIRATION MONTH AND YEAR: _____/_____ 3-DIGIT CODE ON BACK OF CARD: _____
AMOUNT TO BE CHARGED: \$	SIGNATURE OF CARDHOLDER (mandatory):

BY SUBMITTING THIS FORM TO DWI CONSULTANTS, INC., YOU ARE AUTHORIZING DWI CONSULTANTS TO CHARGE THE CREDIT CARD NUMBER PROVIDED. THE CARDHOLDER MUST SIGN. **REFUNDS WILL BE SUBJECT TO A 10% ADMINISTRATION FEE.**