

National Reporting Service
66 West Flagler Street
Suite 310
Miami, FL. 33130 -1876
Phone (305) 373-7295 Fax (305) 358-5444
billing@NationalReportingService.com

PAYMENT AUTHORIZATION FORM

I _____ (please write your name as it appears on your card), authorize National Reporting Service to charge my credit card of the following number: _____,

Expiration date: _____, cvv: _____ (last 3 digits in back of card)

Type of card: Visa _____ MC _____ Discover _____

Billing address:

Phone #: () _____

Invoice #: _____

I acknowledge receipt of goods and/or services in the amount of the total written hereon and agree to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature

Date

Thank you for your payment!

We accept Visa, Mastercard and discover.