

STATE PROCESS SERVICE
2637 N WASHINGTON BLVD. #236
NORTH OGDEN, UT 84414
801-689-2902 – OFFICE
statesprocessservice@gmail.com

CREDIT CARD AUTHORIZATION FORM

Name on Card: _____

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

Phone Number: _____

Email Address: _____

I hereby Authorize State Process Service to charge my credit card for services rendered.

Date: _____

Authorized Signature: _____

Authorized Printed Name: _____

Company Name: _____

Address: _____

There is a 4% processing fee added to every credit card transaction.