

The Digital Deposition Group
500 NE Spanish River Blvd Suite 105A
Boca Raton, FL 33431
(855) 806-4455
info@thedigitaldepositiongroup.com

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____		Security Code: _____	
Cardholder ZIP Code (from credit card billing address): _____			

Law Firm Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Case Name & Case #. _____ **County** _____

Phone: _____ **Email:** _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date