



VISA SOLUTIONS

CREDIT CARD AUTHORIZATION FORM

Applicant's Name: _____

Service Provided: Immigration Fees Medical Exam Dependents Other

Specify: _____

CREDIT CARD INFORMATION

I hereby authorize Visa Solutions, LLC to charge the amount listed below to the credit card listed herein. I agree to pay for this purchase in accordance to the issuing bank cardholder agreement.

*Please notice that an additional 4.00% will be charged to the total amount to cover processing fees.

Amount: \$ _____ *(US Dollars)

Credit Card Number:

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Expiration Date:

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Security Code:

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Credit Card Type: Visa MasterCard American Express Discover Card

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Email: _____

(A receipt of your payment will be submitted to this e-mail address)