



PLACER COUNTY PROCESS SERVICE INC.

PAYMENT AUTHORIZATION

For YOUR protection, incomplete Payment Authorization Forms will not be processed.
All information will be verified before charges are made to your credit card.

Billing Process I hereby authorize PCPS Inc. to charge the below-listed credit card for services provided.

Provide your Credit Card Information below: MASTER CARD VISA

Credit Card Number * _____ - _____ - _____ - _____

Expiration Date * ____ - ____ Security code * _____

Name as it appears on Card * _____

Billing Address _____

City _____

Telephone _____

E-Mail _____

Signature _____

SCAN COMPLETED FORM AND E-MAIL TO process@placercountyservice.com IN PDF FORMAT

I certify that by my signature above, I accept personal liability to PCPS Inc. for any and all amounts owed by the person(s) or company listed above. I acknowledge that PCPS Inc. use of the security procedures issued by the PCI Security Standards Council is reasonable and accepted. As the Credit Card Holder, I authorize PCPS Inc. to charge my credit card for all future amounts owed.

Please be aware and accept our assurance that the information provided from you is used to ensure and verify your identity and is not being used fraudulently. The cautious steps we take to verify our customers' identity assists us in keeping your information secure and confidential. We thank you for your business and look forward to working with you.