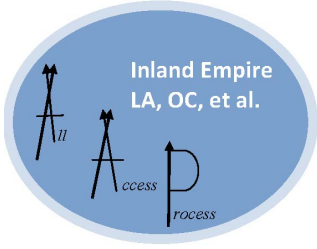


Today's Date: \_\_\_\_\_



# PAYMENT AUTHORIZATION

<b>REQUESTING PARTY</b>	<b>FILE/REF #</b>
-------------------------	-------------------

Contact's name: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CASE INFORMATION**

COURT: \_\_\_\_\_  
 CASE NAME: \_\_\_\_\_  
 CASE NUMBER (if any): \_\_\_\_\_ HEARING (date/time): \_\_\_\_\_ / \_\_\_\_\_

**PAYMENT INFORMATION**

\_\_Process \_\_Skip Trace \_\_Court

CARDHOLDER'S NAME: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_

\_\_Visa \_\_MC \_\_AX \_\_Discovery

CARD NUMBER: \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

I, the cardholder, authorize ALL ACCESS PROCESS to charge my credit card for the initial\* charge(s) related to service(s) ordered. Amount \$\_\_\_\_\_.

**PAYMENT BY CHECK:**  
 Scan a copy of check and **mail original** to our office.

**(Place copy of check on this space)**

1242 University Ave Ste. 6 - 564  
 Riverside, CA 92507



**\*Initial charge:** To initiate the service(process, court, skip trace, etc). Additional charges such as: additional address, printing charges, are not cover but this fee. An authorization will be obtained before charges are made for any subsequent charges.