



CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Right Direction Services LLC

Instructions:

1. Complete the form by filling all billing information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax this form, along with the photocopy of the signed credit card, back to our secure fax machine at 1-773-822-0793 or scan and email to info@rightdirectionservices.com.

Card Information

Card Type	VISA	MASTERCARD	AMEX	DISCOVER
Card Number				
Expiration Date				
CVC Code		Last 3 digits of the number on the back of the card		

Credit Card Billing Information

Name of Card Holder	
Street Address	
Suite or Apartment #	
City	
State	
Zip Code	
Home Phone	
Cell Phone	

As the credit card holder, I hereby authorize Right Direction Services LLC, to charge my credit card, in the amount of _____, in exchange of DUI Evaluation and/or Class services.

Name of Enrolled Person	
Relationship to Enrolled Person	

Cardholder's Signature: _____

Today's Date: _____

Right Direction Services LLC
1415 Pate Plaza
PO Box 452
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