

Butler Robbins & White

Global Revenue Recovery

CREDIT CARD AUTHORIZATION

I (print) _____ authorize Financial Credit Clearinghouse-1956, Inc, DBA Butler, Robbins & White to charge my:

MASTERCARD OR VISA ONLY! (Circle one choice)

Number: _____

Expiration Date: __/__/__

V-Code (3 number code on back of card near signature line) ____.

Name Appears on Card exactly as: (print) _____

This payment is For The Amount of \$ _____.

FILE # _____ Creditor Name: _____

A 5% Administrative Fee will be added to the above amount for Convenience Processing.

Billing Address: (Street Number and Street Name)

Apartment or Suite # _____

City _____ State _____ ZipCode _____

Telephone # where you can be reached: _____

Company Name: (if a company card) _____

Billing Address: (Street Number and Street Name)

Apartment or Suite # _____

City _____ State _____ ZipCode _____

Signature of Cardholder _____ Date _____

Please provide Valid Drivers License or USA Passport #.

Drivers License # _____ State _____ DOB _____

Passport # _____ DOB _____

Would you like receipt will be mailed to the name and billing address provided ? Y or N