



Josef Silny & Associates, Inc.
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CREDIT CARD INFORMATION

You must provide a front and back photocopy of your credit card AND a photocopy of your U.S. driver's license or foreign passport.

Name of Cardholder:

As it appears on the credit card _____
First Middle Last

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address:

Number Number Street Apt #

City State Zip/Postal code Country

I authorize Josef Silny & Associates, Inc. to charge my (check one):

VISA MASTER CARD DISCOVER

in the **total** amount of \$ _____ **(total amount must be filled in in order to process your order).**

CREDIT CARD NUMBER: _____

3-digit security code on back of card: _____

Expiration Date (month/year): _____ / _____

Signature of Cardholder (Required): _____

Date: _____

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are **(non-refundable)** as stated in the JS&A application.