



Josef Silny & Associates, Inc.  
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## CREDIT CARD INFORMATION

**You must include the credit card holder's copies of the front and back of the credit card and U.S. Driver's License OR Foreign Passport.**

**Name of Cardholder:**

As it appears on the credit card \_\_\_\_\_  
First Middle Last

E-mail address: \_\_\_\_\_ Phone No.: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
area code phone

**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 (payment must be filled in 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.