



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.