VISA SOLUTIONS

CREDIT CARD AUTHORIZATION FORM

Applicant's Name: _____

Service Provided: ☐ Immigration Fees ☐ Medical Exam ☐ Dependents ☐ Other

Specify: _____

CREDIT CARD INFORMATION

I hereby authorize Visa Solutions, LLC to charge the amount listed below to the credit card listed herein. I agree to pay for this purchase in accordance to the issuing bank cardholder agreement.

Amount: $_____ (US Dollars)

Credit Card Number: | | | | | - | | | | | - | | | | | - | | | | |

Expiration Date: | | | / | | | Security Code: | | | | |

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Email: _____
(A receipt of your payment will be submitted to this e-mail address)