

PURSUE, OVERTAKE & RECOVER SERVICES, INC

4910 14th street West Suite 206 Bradenton FL 34207

Credit Card Payment Authorization and Payment Information

Name: First	Middle	Last
YOUR SIGNATURE ON I	PAYMENT AUTHORIZATION FORM DENOTES ACCEP	TANCE OF ALL PAYMENT POLICY TERMS:
Personal Checks	Make payable to: Pursue, Overtake & Recove	er Services Inc.
Money Order Cashier's Checks	**Please Note - Return checks are subject to	a \$35.00 NSF fee**
Credit Card services	For your convenience, we CAN use this author	orization to charge your credit card account for
IF PAYING BY CREDIT CARI	D, PLEASE COMPLETE THE FOLLOWING:	
Charge to: Mastercard	Visa Discover Card	
Account Number:		Expiration Date:
Security Code: Visa/	Mastercard has 3 digits on the back of the card	
Cardholder's Name:		
Cardholder's Address:		
City/State/Zip:		<u> </u>
I authorize Pursue, Overta	ke & Recover Service, Inc. to charge my credit c charges that are accrued based on my payn	
Cardholder's Signature:	Date:	

Phone: 941-567-6232 Fax: 941-896-3925 Spanish Line: 941-328-9801