



Please Fill Out & Fax to: 949.261.9999 or email to: HR@HillsideLaguna.com

Credit Card Authorization Form

To process your credit card payment, this form must be completed, signed and returned. Please, use Fax or eMail provided above.

Client: _____

By signing at the bottom you are authorizing Hillside Laguna to charge your credit card checked below the amount of \$ _____

() Visa () Mastercard () AMEX Issuing Bank: _____

The credit card charge is payment for the following services described below:

Name of Cardholder: _____ CVV/CID Indicator: _____

Credit Card No. _____ Expiration Date: _____

Credit Card Billing Address: _____

By your signature below, you agree:

- **That you are duly authorized holder of credit card and to act on behalf of yourself;**
- **To pay the full cost of the services rendered without deduction in the event of any chargeback by your credit card issuer, regardless of the reason for the chargeback;**
- **Not to initiate any credit card chargeback without first contacting Hillside Laguna and working to resolve any claim or issue the client may have;**
- **Processing Fee is added to transaction**

Client Name: _____ Date: _____

Authorized Signature: _____

Print Name: _____

Address: _____

Phone: _____