



ABC@ABRA, LLC ♦ 1146 Enclave Sq. W. ♦ Houston, Texas ♦ 77077

Tel: 281-558-7478 or 281-558-7375 ♦ Fax: 281-558-3161

E-Mail: info@abc-abra.com ♦ Homepage: www.abc-abra.com

Credit Card Charge Authorization

Date: _____

To ensure proper SHIPPING of your documents, please provide a complete return street address:

Contact Name & Company:				
Street Address:				
City:		State:		Zip:
Telephone:				

Please choose one of the following payment options:

The (*) items for your billing information MUST be accurate in order to insure timely processing of your visas & passports.

Credit Card

American Express MasterCard Visa

*Card Number: _____

*Exp. Date: _____ *3 Digit Security Code for Master Card/Visa: _____

*4 Digit Security Code for American Express: _____

*Name as listed on card: _____

*Billing Address:				
City:		State:		*Zip:
Telephone:				

I hereby authorize the charge of the professional visa and passport services to the above listed credit card, and I agree to pay this charge amount to my credit card company.

Signature: _____