



VIRTUAL RESULTS, LLC

# Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND  
RETURN IT TO VIRTUAL RESULTS BY FAX: 1.888.997.3785

### CLIENT INFORMATION:

Company Name (if applicable): \_\_\_\_\_

Client Name: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

### PAYMENT METHOD INFORMATION:

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (DD/YYYY)

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete the form above and send it back via:**

EMAIL: [Billing@virtualresults.net](mailto:Billing@virtualresults.net) or FAX: (888) 997-3785