

Globe Language Services, Inc.
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PRE-AUTHORIZED CHARGE FORM

I authorize Globe Language Services, Inc. to keep my signature on file and to charge my credit card listed below for:

The one-time amount of \$_____ will be billed to:
(No third party credit cards)

Customer Name: _____

Cardholder Name: _____

Credit Card Billing Address: _____

- Visa
- MasterCard
- Discover
- American Express

Account Number: _____

Expiration Date: (month/year): _____

Credit Card Code: _____

(3 Numbers located on the back of the card with signature or the 4 numbers in the front of an American Express card)

If you want this translation or evaluation to be mailed to an agency or another person, please provide name and address below.

SIGNATURE: _____ DATE: _____