

QUALITY TRANSCRIPTION SOLUTIONS, LLC

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CREDIT CARD AUTHORIZATION FORM

I, _____, the undersigned cardholder, hereby authorize Quality Transcription Solutions, LLC to charge my credit card account in the amount of \$_____ for services.

Type of Card: ____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS

Credit Card Number (LAST 4 DIGITS): XXXX-XXXX-XXXX-_____

Expiration Date: _____

Credit Card Billing Name and Address:

Name on Card: _____

Street Address: _____

City: _____ Zip: _____

Telephone: _____

E-mail address: _____

By signing below, I certify that I am the cardholder under penalty of the law and I authorize the charges indicated above.

Cardholder's Signature: _____

Date: _____