

# K&K Services

Licensed, Registered, Bonded & Insured in California  
PO Box 762 • Suisun City, CA 94585  
Office: 707-655-1892 • FAX: 707-968-6130  
[www.knksvcs.com](http://www.knksvcs.com) • knksvcs@gmail.com

## Credit Card Authorization

Date: \_\_\_\_\_

Client #: \_\_\_\_\_

Please complete, sign and return by Mail, e-mail to [knksvcs@gmail.com](mailto:knksvcs@gmail.com) or fax to 707-968-6130

NAME/BUSINESS NAME: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ eMAIL \_\_\_\_\_

BY THIS MEMO, I AUTHORIZE K&K SERVICES TO BE PAID FOR THE TRANSACTION(S) THAT WILL BE INVOICED AND SENT TO ME BY USING THE CREDIT CARD LISTED BELOW.

### VISA / MASTERCARD / AMERICAN EXPRESS

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
NAME AS IT APPEARS ON THE CARD

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
3 OR 4 DIGIT CARD CODE

I UNDERSTAND THAT THE CHARGE(S) IS/ARE FOR INITIAL REQUESTED SERVICES, AND CAN CHANGE IF ADDITIONAL SERVICES ARE ADDED ON TO MY INVOICE WITH MY/AUTHORIZED PERSON'S CONSCENT. CHARGES CAN BE DISPUTED WITH MY WRITTEN REQUEST AND A REFUND CAN BE REQUESTED WITH THE APPROVAL OF K&K SERVICES. WRITTEN REQUESTS ARE ACCEPTED BY MAIL, e-MAIL, OR FAX WITHIN 30 DAYS FROM DATE OF SERVICE.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

\_\_\_\_\_  
DATE