



## PAYMENT AUTHORIZATION FORM

I, \_\_\_\_\_, authorize:

(PLEASE PRINT NAME LEGIBLY)

The Royal Group International, Inc. to charge my Credit Card for the Processing Fees for my Travel Visa(s), Passport(s) or Documents; Apostilles, Authentications, Legalizations or Translations on my:

AMEX ( ) DISCOVER ( ) MASTERCARD ( ) VISA ( ) Card.

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code on Your Credit Card Billing Address: \_\_\_\_\_

Name As Printed on Credit Card: \_\_\_\_\_

Address of Authorized Credit Card User: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and attach this form to your documents with a Request Form for either a: Visa, Passport, Document(s) Processing Services and send to us if you don't have an account with us.

Thank you kindly for your business.

**CHICAGO - HOUSTON- LOS ANGELES - NEW YORK - SAN FRANCISCO- WASHINGTON, D.C.**

ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL BY  
THE ROYAL GROUP INTERNATIONAL, INC.