

Hutchings Court Reporters
Credit Card Authorization Form

To: Hutchings Court Reporters Credit Services Department	Today's Date: _____
Email: pats@hutchings.com	From: _____
Fax: 323-888-6328 Tel: 800-697-3210	Company: _____
	Tel: _____
Number of pages sent: _____	Fax: _____

I authorize payment of the following Hutchings invoice(s) via credit card. Please process the following payment.

Invoice Number(s) _____ Invoice Amount(s) _____

Grand Total: \$ _____

I authorize payment via: Mastercard ___ Visa ___ American Express ___

Credit Card # _____ Expiration Date: _____

Card Security Code _____

3 digits for Mastercard/Visa (back of card) 4 digits for American Express (front of card)
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Name of Cardholder: _____

Firm Name, if applicable _____

Billing Address _____

City: _____ State _____ ZIP Code: _____

Phone Number _____ Fax Number _____ Email _____

Signature: _____ Print Name: _____ Date: _____



Attention: Credit Services
P.O. Box 910924
Los Angeles, CA 90091-0924
800-697-3210 Fax: 323-888-6328
Tax ID: 95-2113145