



# **IMMIGRATION & VISAS** **INTERNATIONAL**

**Permanent:**

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Somerset, NJ 08873-5043

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Voice: (732) 873-9600 Fax: (732) 873-9787

**Alternate:**

7 Village Road  
Kendall Park, NJ 08824-1541

## **AUTHORIZATION TO CHARGE FEES TO CREDIT CARD**

Due to Security Reasons FAX THIS FORM to IVI.

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

Amount / Fees US\$: \_\_\_\_\_.

For Services: \_\_\_\_\_.

Payment via Credit Card: [ ] VISA [ ] MasterCard [ ] American Express.

Credit Card No: \_\_\_\_\_.

Credit Card Verification (3 Digits for V/MC or 4 Digits for Amex): \_\_\_\_\_.

Expiration Date (mm/yy) \_\_\_\_\_.

Person Name for who Services are being done: \_\_\_\_\_.

Phone # to Contact At: \_\_\_\_\_ Fax # : \_\_\_\_\_.

Is IVI Questionnaire Enclosed or has it been Emailed ? Yes [ ], or No [ ]. \*\*

\*\* If requesting an Assessment, You should have either sent in your Questionnaire OR Include a copy of the Questionnaire along with this Form (to be sure). \*\*

\*\*We Must receive your questionnaire in order to provide an Assessment of your Immigration Issue.

Email id: \_\_\_\_\_ (Please make sure this is a valid Email id)

Name of Person on the Credit Card: \_\_\_\_\_.

Complete Address of Person on the Credit Card: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_\_, Zip/Pin Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_.

I authorize IVI to charge my credit for the above fees in US\$. **Furthermore, I realize that the fees charged will be NON REFUNDABLE.**

 Signature of Person on the Credit Card: \_\_\_\_\_ Date: \_\_\_\_\_.

**Due to Security Reasons FAX THIS FORM to IVI: (732) 873-9787**

----- To Be Filled in By IVI -----

IVI Invoice Number: \_\_\_\_\_

IVI Case id: \_\_\_\_\_