

IP PRECISE, LLP

A REGISTERED INTELLECTUAL PROPERTY & INNOVATION CONSULTING FIRM

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Precise Consultation Request Total Amount: \$ ____ . ____

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CCV: Exp date: /

(3 digit number on back of Visa/MC, 4 digits on front of AMEX)

Cardholder's name as it appears on the credit card:

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Cardholder's billing address:

Street:		
City:	State:	Zip:
Phone #:	Email:	

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

By signing this form you authorize IP Precise and its agents permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods/services provided by IP Precise and is non-refundable, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form. *A 3.75% fee will be added to all credit card transactions.

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