



**211 Pauline Drive, #120
York, Pa. 17403**

To Our Valued Customers:

Nationwide Payment Solutions require the following security feature to accept your credit card payment. To insure we are in compliance we must have this receipt signed, authorizing use of your credit card for purchases. We must be able to produce this document when requested by the processor. This personal, identifiable, information will be kept confidential and stored in a secure environment.

Thank you for your continued trust and confidence. We appreciate you.

I / We authorize Executive Referral Network to charge the total balance to our credit card.

Company: _____
Name on Card: _____
Billing Address of Credit Card: _____
Authorized Signature: _____
Print Name: _____
Title: _____

Circle Card Type:



Card No: _____

Expiration Date: _____ MM/YY

CVV # ___ ___ *{last three digits in the signature line on the back of your card.
This is a one of a kind number and authenticates your credit card}*

CID# ___ ___ ___ *This is a four digit number on the front of the American Express Card above the account number.*