

VISA TO BRAZIL CREDIT CARD AUTHORIZATION FORM

Today's date: _____ of _____ of 20____, Place: _____

I, (Please Print Full Name) _____, hereby authorize **SOUTHRIVER INT'L., INC.** to charge the cost of my Passport and/or VISA(S) Services and Fees for myself and/or other person(S) as specifically and designated by me, to charge my credit Card listed below. I take full and complete responsibility for the legitimate cost of these services and agree to pay the full amount to the credit card company. I am aware for each charge to my credit card for passport and visa processing that I may need, and I am completely responsible for it. In case my credit card some how gets declined my document(s) process may get delayed and I will be assessed an additional \$5.00 or 5% on top of the last transaction attempted whichever is greater for the card reprocessing fees and any other setup/accrued charges and fees.

Others: _____

Card Type: American Express , Visa , MasterCard , Discover ,

Credit Card Number: |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

C/C Expiration Date: Monthly ___|___ Of Year ___|___|___|. Please Print below the Authorized Name on Credit Card:

For Security Purposes, please provide the (Customer Verification Value); if you are using an American Express card the 4-digit CVV can be found on the front-right section of the card above the account number. If you are using a Discover, Visa, or MasterCard the 3-digit CVV can be found after the account number on the back of the card. **CVV #** |_|_|_|_|_|

Complete Address Where Credit Card Bill is mailed to _____ city _____

_____ State _____ Zip Code: _____ Email _____

Phone/Fax #s: (____) ____ - ____ ext. ____ (____) ____ - ____ ext. ____ Fax: (____) ____ - ____

Grand Total Amount Authorized to charge my credit card included credit card fees (\$5.00 or 5% whichever is Greater) US\$ _____ US\$ _____

Please note: The process of your document(s) may be delayed if the amount you authorize is not correct. If you are not sure of the correct amount, please ask us for the correct amount. **If you are paying for a specific invoice, Please Print the invoice number:** _____

____ Yes I went to the check list and I have read, understood, acknowledge and I did send and/or bring all the required document(s) and information asked by **SOUTHRIVER INT'L., INC** and I do understand in case I forget and/or refuse to give any information without explanation about the documents, that may delay and/or decline my document(s) process and/or even result on any extra fee. Please use this space for any further explanation _____

I have read, understood, acknowledge and agree that **SOUTHRIVER INT'L., INC.** Will not be held responsible in case of my Passport and/or Visa application is/are denied for whatever reason by the consulate/embassy/state department. I understand there will be no refund once **SOUTHRIVER INT'L., INC.** Submits the application on my behalf and that is why I am paying **SOUTHRIVER INT'L., INC.**, For.

The card holder Signature: _____

(Your signatures as you sign in your credit card **and please return this document together with the others**)

Yes I did get the service that I paid for and am completed satisfied with **SOUTHRIVER INT'L., INC.** service _____

At **SOUTHRIVER INT'L., INC** we are committed to safeguarding customer information. Since your privacy is a priority to us, we will not share nonpublic information about you with third parties outside of **SOUTHRIVER INT'L., INC** and affiliated companies without your consent.

Mailing Address: 90 SW 8th Street Suite 203, Miami, FL 33130 - Ph: 786-333-9176