



NEW REPUBLIQ TRUST  
**CREDIT CARD CHARGE VERIFICATION**

**COMPLETE ALL BLANKS, SIGN AND RETURN**

IN LIEU OF MY CREDIT CARD IMPRINT, I \_\_\_\_\_  
(PRINT FULL NAME AS ON CARD)

HEREBY VERIFY WDS COMPANY, TO CHARGE \$ \_\_\_\_\_

ON MY CC# \_\_\_\_\_ ( CREDIT CARD NUMBER) ( VISA MC)

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

FOR THE PAYMENT OF SERVICES PERFORMED BY NEW REPUBLIQ TRUST

MY BILLING ADDRESS IS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER ASSOCIATED WITH CREDIT CARD ACCT: \_\_\_\_\_

**BY SIGNING BELOW, I ACKNOWLEDGE CHARGES DESCRIBED HEREON, PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD.**

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_

**E-Mail this Form to [info@newrepublictrust.com](mailto:info@newrepublictrust.com)**

**OFFICE USE ONLY**

For benefit of: \_\_\_\_\_ Transaction # : \_\_\_\_\_