



NY Server LLC
 Corporate Billing Office
 218 Main Street #382
 East Setauket NY 11733

Invoice/Order #:

Date:

Product	Description of Services Request (Client Fill IN Below)	Total
	ADDRESS AND THE NAMED PARTY BEING SERVED HANDWRITE THE CHARGE AMOUNT IN THE TOTAL COLUMN	

Payment Authorization Credit Card Type: (CIRCLE) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card # _____ Exp. Date _____

Name as it appears on card: _____ 3 or 4 Digit Security Code _____

Billing Address of card: _____ Apt./Suite# _____

City: _____ State: _____ Zip: _____

I have read and understand the above invoice from NY Server LLC. This is not a guarantee of success due to complexity of Process Serving in general. Examples; subject not being available, moved from same, incorrect information forwarded to service company. I hereby agree to compensate fully NY Server LLC and am aware that I am responsible for 50% of the agreed upon fees if I cancel the job after it has been received by NY Server LLC.

Authorized Signature (Cardholder or authorized agent): _____

Email Address _____ @ _____ Phone # _____

Billing will show on statement as NY Server LLC
 218 Main Street #382 East Setauket NY 11733