

**NEXT GENERATION TRUST COMPANY**  
401 E. 8TH STREET, SUITE 200H  
SIOUX FALLS, SOUTH DAKOTA 57103  
TOLL FREE: 888-857-8058

# CREDIT CARD AUTHORIZATION FORM



**NEXT GENERATION  
TRUST COMPANY**  
CONTROL YOUR FUTURE, TODAY

NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 \* F: (973) 533-1088

## PERSONAL INFORMATION:

Account Holder Name \_\_\_\_\_ Next Generation Account # \_\_\_\_\_

Cardholder Name (if different) \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## CREDIT CARD INFORMATION:

Card Type: *Please check ONLY ONE Option*

MasterCard     Discover     Visa    *Please Note: We cannot accept American Express. We apologize for any inconvenience this may cause.*

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CCV: \_\_\_\_\_  
(Last three digits on back of card)

Keep card on file for all fees (no invoice will be sent)

One time charge in the amount of \$ \_\_\_\_\_

## SIGNATURE: *Please securely email, fax, or mail this form to Next Generation Services.*

*I, the undersigned, authorize that these charges will appear on my credit card statement under the name Next Generation Trust Company and I accept full financial responsibility for payment of this order. I further agree that this authorization will remain in effect until I revoke it in writing.*

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_