CREDIT CARD AUTHORIZATION FORM

Card Type (circle one): MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____/_____/_____ Security Code: _____

Card Holder Name (exactly on card): _____

Billing Address: _____

Card Holder Phone Number: _____

Charged Amount: $_____

Plus 3% Service Fee: $_____

TOTAL AMOUNT CHARGED: $_____

Authorization Code (to be filled out by attorney): _____

Months authorized to run credit card payment (if your fee is monthly):

From _____ to _____

_____ Check this box if information was taken by telephone

_____ _____

Card Holder Signature Employee Signature

_____

Printed Name of Card Holder

Date: _____ Date: _____