

CREDIT CARD AUTHORIZATION FORM

Card Type: Visa / Mastercard (circle one)

Name as it appears on card: _____

Card Number _____ - _____ - _____

Expiration Date: _____

CVV (Security Code): _____

** 3 digit code listed on the back of the card**

Billing Address: _____

Street Address

City, State, Zip Code

I, _____ authorize Porges, Hamlin, Knowles & DePaola, P.A. ("Firm") to charge the credit card listed above. The Firm is authorized to charge my card for the total amount of \$_____ for the purpose of payment of legal services and costs incurred with the Firm and described in Invoice(s) _____ (list Invoice(s) to be paid) of the Firm.

My card will be charged: one time/ Monthly/weekly/quarterly/other _____
(Please Specify Term) in the amount of \$ _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

AUTH CODE: _____ BATCH #: _____