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CREDIT CARD AUTHORIZATION FORM

NAME: _____
BILLING ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____

PLEASE CHARGE TO: <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA
AMOUNT: _____ MATTER/INVOICE# _____*
CARD NUMBER: _____
NAME ON CARD: _____
EXPIRATION DATE: _____
I hereby authorize my credit card to the charged in the amount indicated above.
SIGNATURE: _____ DATE: _____

** If no matter/invoice(s) are indicated, the amount will be applied to the oldest outstanding invoice.*