



**CREDIT CARD AUTHORIZATION**

Date \_\_\_\_\_ Citation Number(s) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Billing Address

Same as Above

Please Check One

Business Account

Personal Account

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Card # \_\_\_\_\_ CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Type

Visa

MasterCard

American Express

Name on Card \_\_\_\_\_

**I wish to authorize The Law Office of Bryan A. Corbett, using this Credit Card Authorization Form, to charge this credit card for all charges incurred including but not limited to services rendered under this account.**

**I have been given a price quote and/or fully understand the charges required for my request to be completed. The undersigned hereby authorizes The Law Office of Bryan A. Corbett to charge the outstanding portion of the account balance (or that specific amount stated below) to the credit card.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Charge Type

Closed: only for this service *(must submit new form for each charge)*

Open: all future services

General: apply to outstanding balance on account

Amount to be charged \$ \_\_\_\_\_