

Third Party Credit Card Pre-Authorization Form

Name: _____ Business Phone: _____
Business Name: _____ Business Fax: _____
Business Address: _____ Business Email: _____

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

PAYMENT

I, _____, authorize _____
_____ to charge my credit card for the amount due of \$_____.
_____ (initial)

CARDHOLDER INFORMATION

Client Name: _____

Type of Card:    

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Cardholder Billing Address: _____

Signature of Cardholder: _____ Date: _____

3RD PARTY PAYMENT

By signing above I, _____, understand I am paying for legal fees on behalf of, _____, a client with this firm. I understand I will receive no direct benefit from this transaction or the legal services provided. I also understand I am waiving my right to dispute this charge with my bank for claims of services not received by cardholder or other similar claim of non-service.
_____ (initial)