**Quinde & Associates, LLC**

 ATTORNEYS AT LAW

 205 W. Pike Street, Suite 120

 Lawrenceville, Georgia 30046-6923

678-404-7104

***Please fill out this form legibly and completely as possible and email it to contactus@chqlaw.com***

**CREDIT CARD AUTHORIZATION FORM**

Name (Exactly as it appears on credit card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (must match address where credit card bill is sent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code (on back of card): \_\_\_\_\_\_\_\_\_\_\_\_\_

(circle one): Master Card Visa American Express Discover

Would you like Chambers & Quinde, LLC to charge all of your future balances to this credit card? Y / N

Total Amount to be charged to your card today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with cardholder rules, I agree to pay and be responsible for the full amount listed herein to Chambers & Quinde, LLC. I agree that if I chargeback any or all of the amount paid herein, I will be responsible for any and all fees, direct or indirect, assessed to Quinde & Associates, LLC resulting from said chargeback.

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Signature of Cardholder Date

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