

Chambers & Quinde, LLC

ATTORNEYS AT LAW
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Please fill out this form legibly and completely as possible and email it to contactus@chambersquindelaw.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 Chambers & Quinde, LLC resulting from said chargeback.

Signature of Cardholder

Date

Printed