

CREDIT CARD AUTHORIZATION

Should you wish to pay via credit card please complete this form in full, sign it, and return it to info@shsslawfirm.com.

Client Name: _____

Cardholder Name: _____

Billing Address: _____

Cardholder Telephone Number: _____

Type of Credit Card:

American Express Visa Master Card Discover

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____

Amount to be charged to account: _____

I authorize payment to be charged to my account listed above and agree to make payment pursuant to the terms of the cardholder agreement.

CARDHOLDER SIGNATURE

DATE

CARDHOLDER NAME (PRINT)