

Credit Card Authorization Form

I, _____, authorize the Law Office of Gina Madsen, to charge the amount of \$_____ on my credit card, or to make recurring charges 1) pursuant to a Membership Representation Agreement _____ (initials), or 2) following submission of an invoice from Attorney to Client _____ (initials), until I revoke this authorization in writing.

If, after a payment by credit card, you later dispute the charges, unless prohibited by law, you agree not to cancel, revoke, charge back, or dispute any previously entered charge on your credit card. If you do so, and it is later determined that the charge was properly authorized, you agree to pay all out of pocket fees and costs incurred by the Law Office of Gina Madsen as a result of the improper cancellation, revocation, charge back, or dispute.

Type of Card: _____ VISA _____ MASTERCARD

Credit Card Number: _____

Expiration Date: _____

CVC Code: _____ (last 3 digits on back of Visa/MasterCard)

Credit Card Billing Name and Address:

Name on Card: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail address: _____

Signature: _____