

CREDIT CARD AUTHORIZATION

To Whom It May Concern:

I, _____, hereby authorize the BERGERMANN LAW FIRM to charge my credit card, listed below, in the amount of \$_____, in connection with legal services to be provided by the firm.

Type of Credit Card (please circle):

Visa MasterCard Discover

Credit Card Number: _____

Security Code (3 digit No.) _____

Expiration Date: _____

Billing Zip Code: _____

Dated this ____ day of _____, 20__.

Signature of Card Holder:

By: _____

Printed Name:
