

Client Credit Card Pre-Authorization Form

Name: _____

Phone: _____

Address: _____

Fax: _____

City / State: _____

Email: _____

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

OPTIONS

_____ (initial) I hereby authorize _____ to charge the balance currently due on my account for the amount of \$_____.

_____ (initial) I hereby authorize _____ to charge the balance of my account automatically each month. Card will be charged the _____ of the each month for prior month fees.

_____ (initial) I choose to manually pay my account balance. Balance for legal services is due on the _____ of each month. After the _____ of the month, balances are considered past due and will be charged a \$_____ late fee. After _____ days, account balances will automatically be charged to the card on file.

PAYMENT INFORMATION

Client Name: _____

Client Billing Address: _____

Type of Card:    

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

CHARGE POLICY

_____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

_____ (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds will be refunded within _____ days.