

Third Party Credit Card Pre-Authorization Form

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City / State: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the person for whom you are making the payment: \_\_\_\_\_

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.

PAYMENT

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card for the amount due of \$\_\_\_\_\_.

\_\_\_\_\_ (initial)

CARDHOLDER INFORMATION

Type of Card:



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

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

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

3RD PARTY PAYMENT

By signing above I, \_\_\_\_\_, understand I am paying for legal fees on behalf of, \_\_\_\_\_, a client with this firm. I understand I will receive no direct benefit from this transaction or the legal services provided. I also understand I am waiving my right to dispute this charge with my bank for claims of services not received by cardholder or other similar claim of non-service.

\_\_\_\_\_ (initial)