

CREDIT CARD AUTHORIZATION

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

By signing this form, you authorize D'Andrea Law Offices, P.C. to charge your card for the amount listed above.

Signed: _____ Date: _____