

*Licensed in NY and the United States Federal Court Southern District of New York

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			PARTICIPATION COMMITTED		
By signing this form, you a amount listed above.	uthorize D'A	ndrea Law O	offices, P.C. to ch	narge your	card for the
Signed:		Date:			