



Credit Card Authorization Form

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO:

ACCOUNTING@A2ZATTORNEYSERVICE.COM OR SERVE@A2ZATTORNEYSERVICE.COM

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____ Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize A2Z Attorney Service to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

By signing above, I hereby give A2Z Attorney Service the authorization to charge my credit card for services rendered or to be rendered based on requests made by authorizer or their appointed designee.