

# DE BEAUBIEN, KNIGHT, SIMMONS, MANTZARIS & NEAL, LLP

## Credit Card Authorization Agreement

**ONLY SEND TO THIS SECURE FAX NUMBER 407-992-3675**

This agreement, between \_\_\_\_\_ (Name on Credit Card) and de Beaubien, Knight, Simmons, Mantzaris, & Neal, LLP, (the Firm), shall serve as authorization for the Firm to charge or debit the Cardholder's credit card account (more specifically referenced below) for costs of certified mail, additional letters, and/or Consultations.

Member Name \_\_\_\_\_ File Number \_\_\_\_\_

Attorney Name \_\_\_\_\_ Matter Number \_\_\_\_\_

The firm may charge \$\_\_\_\_\_ to the below credit card as follows :

(check one)  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Account Number:

Exp. Date: /

CVV Code:

(Visa/MC is 3 digits AMEX is 4 digits)

Billing address for cardholder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

This is a one time charge.

I certify that I am the holder of the credit card account referenced herein or I am an authorized user of the credit card. I fully understand and agree with all conditions and terms of this agreement and authorize the Firm to debit the credit card account disclosed herein according to the terms of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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