

CREDIT CARD AUTHORIZATION FORM

Payments can be made either by check or credit card (Visa, MasterCard or debit card).

If selecting to pay by credit card, complete the following:

Type of Card: _____ Visa _____ MasterCard

Card #: _____

expiration date: _____ 3 digit code: _____

Name as it appears on the card: _____

Address of cardholder: _____

Telephone # of cardholder: _____

I, the holder of the above-referenced credit or debit card, hereby authorize the payment of _____
(enter total)
to Christopher Legal Group, Inc. and agree to be responsible for the charges indicated on this form.

Dated: _____

Signature of Cardholder