

LAW OFFICES

KASS, MITEK & KASS

A PROFESSIONAL LIMITED LIABILITY COMPANY

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Credit Card Authorization Form

I, _____, hereby authorize Kass, Mitek & Kass, PLLC, to charge my credit card account in the amount of: \$_____ For statement number: _____

- VISA
- MasterCard
- American Express
- Discover

Credit Card Number: _____

Expiration Date: ____ / ____ / ____ VID Code: _____ (three digit code on back of card)

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

Email address: _____

As the credit card holder, I hereby authorize the above stated transaction.

Cardholder's Signature

____/____/____
Date

As the credit card holder, I also authorize Kass, Mitek & Kass, PLLC to charge my credit card for future services verbally approved by me.

Authorization Valid Until: ____ / ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued clients, from credit card fraud. Kass, Mitek & Kass, PLLC will keep all information entered on this form strictly confidential.