

LAW OFFICES

**KASS, MITEK & KASS**

A PROFESSIONAL LIMITED LIABILITY COMPANY

SUITE 1100

1050 SEVENTEENTH STREET, N.W.

WASHINGTON, D.C. 20036-5596

(202) 659-6500

FAX: (202) 293-2608

**Credit Card Authorization Form**

I, \_\_\_\_\_, being authorized by, and on behalf of \_\_\_\_\_  
(Client Name) hereby authorize Kass, Mitek & Kass, PLLC, to charge the following credit card account  
in the amount of: \$ \_\_\_\_\_

For Client ID Number: \_\_\_\_\_ Invoice 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.

**Please return this form by mail or fax to 202-293-2608 Attention: Liezl Argente**