

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

Credit Card Authorization Agreement

SEND ONLY PAYMENTS 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 _____ Phone Number _____

Attorney Name _____ File/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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