

CREDIT CARD AUTHORIZATION

This form must be completed in full and all information must be true and correct for your payment to be processed.

Credit Card Billing Information

Company: _____ Person authorizing the charge: _____

Billing Address: _____

Name on Card: _____

Type: VISA Mastercard Discover Card Number: _____

Expiration Date: _____ 3-digit security code (CVV2/CID): _____

Payment Authorization

I hereby authorize Porter Law PLLC to charge the credit card listed above for payment of fees, costs, and expenses which are listed below. I certify that I am a person who is authorized to use this credit card.

- Bill my credit card once for \$_____ and apply the payment against invoice number _____.
- Bill my credit card on the 5th day of each month for the services provided by Porter Law PLLC the previous month. The authority to bill my card will remain in effect until I notify Porter Law PLLC in writing that it is terminated.

Cardholder's signature: _____ Date: _____