

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name:

Billing Address:

Street address

City

State:

zip code

Credit Card Type:

Visa

Mastercard

Discover

AmEx

Credit Card Number:

Expiration Date:

3 digit card Identification number (usually on the back of the card):

Amount to Charge: 25.00

I authorize FIU LAW PRACTICE to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

ELECTRONIC SIGNATURE OF CARD HOLDER:

Type name here ---->

Date signed --->

CERTIFICATION OF PERSON SIGNING: By typing my name in the space above I affirm that I agree with the terms of this Client Retainer Agreement. It is my express intent to adopt the name typed above as my electronic signature and that it have the same force and effect as a written signature done with ink.

Once signed return the form as an email attachment to the student lawyer who first sent it to you.