

Authorization to Charge Credit Card

Client's Name _____

I, _____, hereby authorize the Richardson Law Firm, P.L.L.C. Attorneys at Law, to charge my credit card for a total of \$_____ (Optional: Plus \$_____ for fines and court costs)

TYPE OF CARD: MasterCard Visa/Visa Check/Visa Debit Discover

CARD NO.: EXPIRATION DATE: /

NAME ON CARD: _____

BILLING ADDRESS ON CARD: _____

Verification No. (3 digit number on back of card): _____ Telephone no. _____

I have enclosed a photocopy of the front and back of my driver's license. I understand that the attorney shall have no obligation to render any services in this matter until the firm receives the **original of this completed document** in the mail, and my card is charged. I agree to pay the charge shown hereon, according to my cardholder agreement.

Cardholder Signature: _____

Printed Name: _____

Date: _____

PLEASE REMEMBER TO ENCLOSE A PHOTOCOPY OF YOUR DRIVER'S LICENSE
After completion please return to Richardson Law Firm, PLLC, 2310 S. Miami Blvd, Suite 134, Durham NC 27703.

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