

Credit Card Authorization

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In the interest of fulfilling my financial obligation to the Law Office of Stacie L. Patterson, I authorize the firm to make the following charge to my credit card.

Client Name: _____

Name of Credit Card: _____

Driver's License No.: _____

Visa/MasterCard (circle one)

Credit Card No.: _____

Exp. Date: _____

Security Code (back of card): _____

Billing Address: _____

Payments Authorized:

Date:	Amount:
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Date: _____

Cardholder Signature: _____