













CREDIT CARD PAYMENT AUTHORIZATION

| | | | | | | | | | |
|---|--|---|---|---|---|-------------------------------|--------------------------------------|-------------------------------|-----------------------------------|
| I, <input style="width: 300px; height: 20px;" type="text"/> authorize the Law Offices of Perez & Perez, 433 Civic Center Drive West, Santa Ana, Ca 92701 | | | | | | | | | |
| to charge the sum of : | <input style="width: 100px; height: 20px;" type="text"/> (US currency only) | | | | | | | | |
| <input style="width: 380px; height: 20px;" type="text"/> (spell out the correct dollar amount) | | | | | | | | | |
| TO: | <table style="width: 100%; text-align: center;"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Visa</td> <td><input type="checkbox"/> Master Card</td> <td><input type="checkbox"/> Amex</td> <td><input type="checkbox"/> Discover</td> </tr> </table> |  |  |  |  | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
|  |  |  |  | | | | | | |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> Amex | <input type="checkbox"/> Discover | | | | | | |
| Card Number : <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | Expiration Date : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (month / year) | | | | | | | | |
| Please fill in the last three-digit number (for VISA card) or four digit number (for AMEX) appearing on signature panel on the back of the credit card: <input style="width: 40px; height: 20px;" type="text"/> | | | | | | | | | |
| My name as it appears on the card is : <input style="width: 320px; height: 20px;" type="text"/> | | | | | | | | | |
| The above mentioned charge is for : Provide Name of Client, Court Date/ Location of Court, Describe the Legal Matter. | | | | | | | | | |
| <div style="border: 1px solid gray; padding: 5px;"> <div style="border-bottom: 1px solid gray; height: 40px; width: 100%;"></div> <div style="border-right: 1px solid gray; height: 40px; width: 100%;"></div> </div> | | | | | | | | | |
| Card Holder's Signature : | <input style="width: 220px; height: 25px;" type="text"/> | | | | | | | | |
| Date: | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | | | | | | | | |
| Cardholder's Driver's License No : | <input style="width: 90px; height: 20px;" type="text"/> | | | | | | | | |
| Cardholder's Address : | <div style="border: 1px solid gray; padding: 5px;"> <div style="border-bottom: 1px solid gray; height: 40px; width: 100%;"></div> <div style="border-right: 1px solid gray; height: 40px; width: 100%;"></div> </div> | | | | | | | | |
| Cardholder's Tel. No : | Area Code <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 100px; height: 20px;" type="text"/> | | | | | | | | |
| Cardholder's Fax No : | Area Code <input style="width: 20px; height: 20px;" type="text"/> No <input style="width: 100px; height: 20px;" type="text"/> | | | | | | | | |
| <p style="color: red; margin: 0;">Instructions on How to Use This Form:</p> <p style="color: red; margin: 0;">1) Kindly fill in your credit card type, card number, name on card, expiration date, plus the last 3 or 4 digits on the back of your card (depending on your card type)</p> <p style="color: red; margin: 0;">2) Print out the form and verify that all details are correct, then please sign your name on the "Card Holder's Signature" line</p> <p style="color: red; margin: 0;">3) Fax authorization form, along with copy of the credit card on both sides to Perez & Perez at: (714) 961-1972. Call to verify the fax has been received by Perez & Perez at 714-961-1966.</p> <p style="color: red; margin: 0;">4) Please also fax or mail any other documents related to this legal matter.</p> | | | | | | | | | |