THE MYERS FIRM, P.A.

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CREDIT CARD AUTHORIZATION FORM

Card Holders
Name:_____

Card Holders
Address:_____

City: _____ State:_____ Zip Code:_____

Date: _____

Amount Charged: _____

Frequency of Charges: _____

MasterCard: ____ VISA: ____ American Express: ____ Discover: ____ Credit Card#: _____
Expiration Date: _____ V-code#: _____

Card Holder Signature:_____

I acknowledge that all retainers paid by the client to The Myers Firm, P.A. are non-refundable.

Type of Case: _____

For Office Use Only

Authorization Code: _____

Reference Number: _____

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