

CREDIT CARD AUTHORIZATION

OUR OFFICE ACCEPTS PAYMENTS THROUGH VISA AND MASTERCARD

Please complete the following information below to authorize payment through your credit card.

Circle One: Visa MasterCard

Name as appears on credit card:

Amount of charge:

Full Address (including zip code) for credit card billing:

Account Number:

Expiration Date:

3 digit CVR number:

I authorize the Law Office of Elisabeth Camaur Crampton to make the above charges to my credit card for payment. I agree to abide by the terms of my credit card authorization agreement with the financial institution that issued the above credit card.

Date:

Signature: _____