



Merbaum & Becker, P.C.
5755 North Point Parkway
Suite 284
Alpharetta, GA 30022
Phone: 678-393-8232
Fax: 678-393-0410
www.MBPCLaw.com

CREDIT CARD AUTHORIZATION FORM

GENERAL INFORMATION

Date: _____

I, _____ (your name) authorize The Merbaum Law Group, P.C. to charge the credit card provided according to the details below. I personally guarantee full payment of the stated amount to be charged to the account described.

Amt. to Charge: _____ Type of Card: ____ MC ____ VISA

Card Number: _____ Expires: _____

CVV2 Number: _____ (Three digit number located on the back of your credit card)

Name on Card : _____ (write full name as imprinted on credit card)

Signature of authorized card user or authorized agent of the cardholder/authorized user. >>>

CARDHOLDER INFORMATION

Billing Address:

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

(Phones) Home: _____ Cell: _____ Work: _____

E-Mail: _____

We require a copy of the cardholders' driver's license or government issued identification card.