

CREDIT CARD AUTHORIZATION FORM

Instructions

1. Please fill out this form in its entirety.
2. Be sure to read the notice below, and sign and date the form.
3. Phone (213)315-5372 (Email contact@attorneysonthespot.com) this form

Name (as it appears on the card) / Firm

Billing Phone

Contact Phone (if different)

Billing Address Street

City, State, Zip Code

Email and/or Fax Number (for your receipt)

Card Type (circle one)

☐

VISA

☐

MasterCard

☐☐

DISCOVER

Credit Card Number

Expiration Date

CCV # (4-digit for AMEX)

ATG #	Appearance Date	Court or Case Name	\$ Amount

Charge Amount (*see below*)

Authorized Signature

Date

Notice to Cardholder

By signing and submitting this form and its accompanying documents, I confirm that I am agreeing to pay the total invoice as well as any additional charges directly incurred from the appearance, including but not limited to parking, telephone, fax, or filing fees, even if that amount differs from the amount listed above.

I further agree that this card may be used to charge any future unpaid balances more than 60 days late if attempts to collect the unpaid balance are unsuccessful. If I dispute any charge made to this card, I will attempt to resolve the issue directly with attorneys on the spot. If a formal dispute is made to the credit card company and the charge is found to be valid, I will be responsible for any investigation fees that are charged by the credit card network to attorneys on the spot.