CREDIT CARD AUTHORIZATION FORM

Instructions:

- Complete & sign form.
- Include copy of front and back of signed card. (Note: Set copier on light.)
- Include copy of cardholder's driver's license.
- Fax to (757)340-4894.

l,	(r	orint) hereby authorize THE
MERNA LAW GROUP, P.C. (MLG) to charge my credit card/debit account. I affirm		
that I am at least 18 years old and that I am legally authorized to use the credit card		
account number specified below. Further, I understand and agree that the charges		
specified below are irrevocable and may not be charged-back at any time in the		
future.	rouble and may not be one	argon baok at any timo in the
	shawa afi	
I authorize the following charge of:		
	as a one-tin	
Or \$	as a monthly charge.	
To be deducted on the day of each month.		
Visa	Mastercard	American Express
Credit Card Number:		
Expiration Date:/		
Credit Card Billing Address:		
Street:		
		State:
Zip Code: Telephone: ()		
I certify that the above information is true and correct and give The Merna Law Group, P.C. the authority to make the above charge(s) even if I am not physically present. Further, I		
acknowledge that written authorization must be given prior to the transaction to cancel this		
authorization. In the event of denial or charge-back, I acknowledge that a \$35 fee will be applied to my account. Additionally, all terms and conditions of my retainer agreement with		
The Merna Law Group, P.C. are incorporated and applicable to this authorization. In the		
event of breach of this authorization or the retainer agreement with The Merna Law Group, P.C., I authorize any outstanding charges or balance be charged to this credit card account		
without prior communications.		
·		
Signature		 Date
Documentation (optional):		
Copy of Credit Card (front & back) Copy of Valid Driver's License.		
Utility bill (if client is not present, i.e. faxed in)		