



CREDIT CARD AUTHORIZATION FORM

Today's Date

Firm/Attorney Name

Cardholder Name

Billing Address

Credit Card Type **Visa** **AMEX** **MasterCard** **Discover**

Expiration

Security

I hereby authorize Peachtree Legal Support to charge the credit card provided:

For a one-time payment in the amount of

For ongoing services

I am the holder of the above credit card, or have been authorized by the holder to use it to pay for services provided by Peachtree Legal Support.

Name:

Signature: _____

Please email completed form to billing@peachtreelegal.com and call 866-218-8010 with any questions