



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVC: _____
Cardholder ZIP Code (from credit card billing address): _____

I authorize Paralegals FTC to charge the credit card above in accordance with the client agreement. I understand that my information will be saved to my file for future transactions and/or outstanding balances on my account.

Customer Signature

Customer Print Name

Date: _____

Please be advised, all sales are subject to a 4% tax. I understand that my information will be confidential and secured in a safe place.