



DEBIT/CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize **Jolly Esquire PLLC** to make a one time debit/credit card transaction to your credit card listed below.

By signing this form, you give us permission to charge your account for the amount indicated on or after the indicated sale date. **This permission for a single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

PLEASE COMPLETE THE INFORMATION BELOW:

I, _____ (full name) authorize **Jolly Esquire PLLC** to charge my Credit Card account indicated below for \$_____ amount on or after _____ (date). This payment is for legal services rendered by **Jolly Esquire PLLC**.

Billing Address _____

_____ City, State, Zip _____

Phone # _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize Jolly Esquire PLLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. REVISED 03/13/2013