

**SMITH & SMITH**

8259 W Grand Ave, River Grove, IL 60171

Phone: 708-456-4500 FAX: 708-456-4520

**CREDIT CARD AUTHORIZATION FORM**

(Please type; or if handwritten, print clearly)

Client No. (if known): \_\_\_\_\_

Matter No: (if known): \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

Credit card payments may be made at the office address listed above. In the event you do not wish to visit our office to make a credit card payment, you may complete this form and fax it to our office at the fax number listed above; but note that you will be charged a convenience fee of \$10.00 due to the increased fees Smith & Smith is required to pay on non-swiped card transactions.

Payment by: VISA \_\_\_\_ Master Card \_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_

Credit Card #: \_\_\_\_\_

Security Code on Reverse Side of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name (as it appears on card): \_\_\_\_\_

Cardholder's Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Single Payment Amount: \$ \_\_\_\_\_

Recurring Payment Amount: \$ \_\_\_\_\_ to be applied on the \_\_\_\_ day of each month.

By my signature below, I, as the cardholder or as an authorized user of said card, hereby authorize Smith & Smith to apply the above payment(s) to the identified credit card, agree to pay these charges in accordance with the credit agreement with the card issuer, and if recurring payments are authorized, to notify Smith & Smith in writing if I withdraw my payment directions provided herein.

\_\_\_\_\_

Date: \_\_\_\_\_