



# LAW OFFICE OF JUDITH FLORES-AYALA

## Client Credit Card Pre-Authorization Form

*In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.*

OPTIONS

\_\_\_\_\_ I hereby authorize Judith Flores-Ayala to charge the total balance currently due on my account for the amount of \$\_\_\_\_\_.

\_\_\_\_\_ I hereby authorize Judith Flores-Ayala to charge the deposit currently due on my account for the amount of \$\_\_\_\_\_.

\_\_\_\_\_ I hereby authorize Judith Flores-Ayala to charge \$\_\_\_\_\_ automatically each month. My card will be charged the \_\_\_\_\_ of each month until the balance is paid in full.

PAYMENT INFORMATION

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

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

Type of Card:



Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder

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

Signature of Card Holder: \_\_\_\_\_

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

CHARGE POLICY

\_\_\_\_\_ (initials) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.