

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: \_\_\_\_\_

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

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

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

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

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize LAW OFFICE OF ABURTO, P.A., to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Please Sign and Date

Signature: \_\_\_\_\_

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

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

Return the completed and signed form to the following:

LAW OFFICE OF ABURTO P.A.

ATTN: ACCOUNTS RECEIVABLE

1111 SW 8<sup>TH</sup> STREET

SUITE 203

MIAMI, FL 33130

TEL/FAX: (305) 694-9690

[WWW.ABURTOLAW@GMAIL.COM](mailto:WWW.ABURTOLAW@GMAIL.COM)