

# Elkhalil Law Firm

## CREDIT CARD AUTHORIZATION FORM

**PLEASE READ THIS BEFORE YOU CONTINUE:**

Please print the Credit Card Authorization Form, complete it and fax to our office at 770.612.3202.

**This authorization is for US Dollars.**

\_\_\_\_\_ **BY EXECUTING THIS**  
(NAME AS IT APPEARS ON CREDIT CARD)

**AGREEMENT UNCONDITIONALLY AUTHORIZES Elkhalil Law Firm/LLP ACCESS SYSTEMS TO CHARGE THE FOLLOWING CREDIT CARD:**

**CREDIT CARD TYPE:** (Circle One)



CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CV 2 Code: \_\_\_\_\_ (Example below - Back of Card)

FOR THE AMOUNT OF: \$ \_\_\_\_\_

**CARDHOLDER'S BILLING ADDRESS (Required):**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**BILLING:** AREA CODE AND TELEPHONE No.: \_\_\_\_\_

**DELIVERY ADDRESS (If different):** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

AREA CODE AND TELEPHONE No.: \_\_\_\_\_

ORDER NUMBER: \_\_\_\_\_ BY: \_\_\_\_\_

\_\_\_\_\_ **CARDHOLDER AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE**

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY **LLP** PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.

