



Elkhalil Law Firm, LLC

CREDIT CARD AUTHORIZATION FORM

Please print the Credit Card Authorization Form, complete it and fax it to our office at **404 537 1710**
By executing this agreement you unconditionally authorize Elkhalil Law Firm, LLC to charge the following Credit Card:

CREDIT CARD TYPE: VISA MASTER CARD DISCOVER

Full Name (As it appears on the Credit Card): _____

Credit Card Number: _____

Expiration Date: _____ CVV 2 Code: _____ (Example below- Back Card)

For the Amount of: \$ _____

CARD HOLDER'S BILLING ADDRESS (Required):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Province: _____ Country: _____

Telephone Number including Area Code : _____

CREDIT CARD BILLING ADDRESS (If different than above): _____

City: _____ State: _____ Zip Code: _____

Province: _____ Country: _____

Telephone Number Including Area Code: _____

CARDHOLDER AUTHORIZED SIGNATURE DATE

BY SIGNING ABOVE, 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 CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY ELF PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY. IF YOU HAVE ANY QUESTION REGARDING THIS TRANSACTION, YOU MAY CALL ELF AT **770.612.3499**.

Back of Your Credit Card

