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CREDIT CARD AUTHORIZATION FORM

Print the following information clearly

Card Holder's Name: _____

Street Address: _____
(Credit Card Billing Address)

City: _____ State: _____ Zip Code: _____

Visa

Mastercard

Discover

American Express

Credit Card #: _____
(Please print clearly)

Expiration Date: _____ (Exactly as it appears on the card)

CCV _____ (The last 3 or 4-digit number [Security Code] on back of the card)

I authorize J. Becker & Associates, PLLC, to charge my credit card in accordance with the terms of my engagement agreement. I understand that my information will be saved for future transactions on my account.

Cardholder Signature [Date]