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CREDIT CARD AUTHORIZATION FORM

(Please type; or if handwritten, print clearly)

Client No. (if known): _____

Matter No: (if known): _____

Client Name: _____

Client Address: _____

Credit card payments may be made at the office address listed above. Credit card transactions must be charged a three percent (3%) convenience fee due to the increased fees Smith & Smith is required to pay on non-swiped card transactions.

Payment by: VISA ____ Master Card ____ American Express ____ Discover ____

Credit Card #: _____

Security Code on Reverse Side of Card: _____ Expiration Date: _____

Cardholder's Name (as it appears on card): _____

Cardholder's Daytime Phone: (____) _____

Single Payment Amount: \$ _____

Recurring Payment Amount: \$ _____ to be applied on the ____ day of each month. Convenience fee is waived if recurring payments are authorized.

By my signature below, I, as the cardholder or as an authorized user of said card, hereby authorize Smith & Smith to apply the above payment(s) to the identified credit card, agree to pay these charges in accordance with the credit agreement with the card issuer, and if recurring payments are authorized, to notify Smith & Smith in writing if I withdraw my payment directions provided herein.

Signature

Date