

Gutterman Griffiths PC

FAMILY LAW

GUTTERMAN • GRIFFITHS • POWELL • GUSHURST • WITKUS

Credit Card Authorization

Date:	Name of Cardholder:
Credit Card Billing Address:	
Amount:	Reason: (Check One) <input type="checkbox"/> Retainer <input type="checkbox"/> Monthly Balances
Card Type: (Check One) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Expiration Date of Card:
Card Number:	
CVVS Code (three digit code on the back of Visa, MasterCard and Discover): _____ OR CID Code (four digit code on the front of American Express): _____	

I, _____, hereby authorize Gutterman Griffiths PC to charge my credit card for the above amount.

Cardholder's Signature

Date