

Client's Name _____

Authorization to Charge Credit Card

I, _____, hereby authorize the Richardson Law Firm, P.L.L.C. Attorneys at Law, to charge my credit card for a total of \$ _____ for _____.

(Optional: Plus \$ _____ to be held in trust for fines and court costs)

TYPE OF CARD: MasterCard Visa/Visa Check/Visa Debit Discover

CARD NO.:

EXPIRATION DATE: /

NAME ON CARD: _____

BILLING ADDRESS ON CARD: _____

Verification No. (3 digit number on back of card):

Telephone no. _____

I have enclosed a photocopy of the front and back of my driver's license. I understand that the attorney shall have no obligation to render any services in this matter until the firm receives the original of this completed document, and my card is charged. I agree to pay the charge shown hereon, according to my cardholder agreement.

Cardholder Signature: _____

Printed Name: _____

PLEASE REMEMBER TO ENCLOSE A PHOTOCOPY OF YOUR DRIVER'S LICENSE.

After completion please return to:
Richardson Law Firm, PLLC
125 E. Parrish Street
Durham, NC 27701
Phone: (919) 680-2300
Fax: (919) 680-2500