

Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

_____(Initial) I hereby authorize _____ Centauri Law Group, P.C. _____ to charge the balance as it becomes due on my account for the costs associated with the Legal Services Agreement work including attorney's fees in excess of 3 (three) hours consultation time limit and other costs that are not included in the flat fee per the Legal Services Agreement.

PAYMENT INFORMATION

Client Name: _____

Client Billing Address: _____

Type of Card :



Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

CHARGE POLICY

_____(Initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services and costs provided. I further agree that in the even my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.