

**THE PRINZ LAW OFFICE**

**P.O. Box 1594  
Los Gatos, CA 95030  
tel. (408) 884-2854 fax (408) 317-0316**

**CREDIT CARD AUTHORIZATION FORM**

**Name of Client (as shown on the Engagement Letter):** \_\_\_\_\_

**Name of cardholder (as shown on card):** \_\_\_\_\_

**Description of Card (circle one):** Personal Card / Business Card

**Billing Address (for credit card or bank statement):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Credit Card (circle one):** Visa / MasterCard / Discover / American Express

**Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Option 1:**

I, \_\_\_\_\_, hereby authorize The Prinz Law Office to charge the amount of \_\_\_\_\_ to the above credit card.

**OR**

**Option 2:**

I, \_\_\_\_\_, hereby authorize The Prinz Law Office to charge all invoiced amounts due at the end of the month automatically to the above credit card. I understand that if I choose this payment option, I will still receive regular invoices, and I will be responsible for the payment of any charges which cannot be credited to the credit card as provided by the Engagement Letter.

**Dated:** \_\_\_\_\_

**By:** \_\_\_\_\_