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Credit Card Authorization Form

I, _____, being authorized by, and on behalf of _____
(Client Name) hereby authorize Kass Legal Group, PLLC, to charge the following credit card
account in the amount of: \$ _____
For Client ID Number: _____ Invoice Number: _____

- VISA
 MasterCard
 American Express
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Credit Card Number: _____

Expiration Date: ____ / ____ / ____ VID Code: _____ (three digit code on back of card)

Credit Card Billing Address:

Street: _____ City: _____ State: _____ Zip: _____

Country: (if not US) _____ Telephone: () _____ - _____

Email address: _____

As the credit card holder, I hereby authorize the above stated transaction.

Cardholder's Signature Date: ____ / ____ / ____

As the credit card holder, I also authorize Kass Legal Group, PLLC to charge my credit card for
future services verbally approved by me.

Authorization Valid Until: ____ / ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued clients, from
credit card fraud. Kass Legal Group, PLLC will keep all information entered on this form strictly
confidential.

Please return this form by mail or fax to 202-293-2608 Attention: Liezl Argente