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## CREDIT CARD PAYMENT

Client Name: _____	Date: _____
Name on Card: _____ <i>(if different from Client)</i>	
Phone: _____	E-mail: _____
Card #: _____	V Code: _____
Card Type: _____	Expiration Date: _____
Amount Authorized: _____	
Cardholder Address: _____	
Zip Code: _____	

I authorize Morris - Sockle to charge the credit card indicated on this authorization form. This payment authorization is for one-time use for the amount indicated above. I certify that I am an authorized user of this credit card.

Authorized Signature: \_\_\_\_\_  
(Must be Cardholders Signature)

\*Credit card payments will not be processed without a signed Legal Services Agreement.