

LAW OFFICES OF MARK ABZUG, P.A.
2801 University Drive, Suite 203
Coral Springs, FL 33065
Tel: (954) 753-1003
Fax: (954) 753-1699
email: mabzug@coralspringslaw.com

AUTHORIZATION FOR CREDIT CARD PAYMENT

I, _____, do hereby authorize Law Offices of Mark Abzug, P.A. to charge the amount of \$_____ on my charge card as stated below for payment on my account for services rendered by Law Offices of Mark Abzug, P.A. Cardholder understands and agrees that \$_____ is to be applied as a nonrefundable retainer pursuant to the terms of the retainer Agreement between Law Offices of Mark Abzug, P.A. and _____. The remaining \$_____ is a nonrefundable administrative fee pursuant to the terms of the aforesaid retainer agreement.

NAME OF CARD HOLDER : _____

Type of Card (circle one) : MasterCard Visa Discover AMEX

CARD NUMBER : _____

EXPIRATION DATE : _____

BILLING ADDRESS OF CREDIT : _____
(please include zip code)

: _____

: _____

Dated: _____ : _____
Signature of Cardholder

A fax or copy of the cardholder's signature shall be deemed valid as an original signature.