Credit Card Authorization Form

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV Code: _____
Cardholder ZIP Code (from credit card billing address): _____

I,_____, authorize The Law Office of Gregory C. Goline, PLLC to charge my credit card above for agreed retainer replenishment or balance owed, pursuant to the contract signed between myself and The Law Office of Gregory C. Goline, PLLC. I understand that my information will be saved to file for future transactions on my account.

_____ (Initials) I understand that my credit card will remain on file during the pendency of my case. In the event that a balance is owed at the end of my representation by The Law Office of Gregory C. Goline, PLLC, I authorize the amount owed in full to be charged to the above credit card within 30 days.

_____(Initials) In the event that the credit card listed above will not process due to lack of funds, I understand that legal action may be taken against me to obtain a judgement for the remainder of fees owed to The Law Office of Gregory C. Goline, PLLC and any and all attorneys fees and court costs incurred to obtain the judgment.

_____(Initials) I understand and agree that this policy has been explained to me and that I accept it in full.

_____ _____

Client Signature Date