

I, _____, do hereby authorize Kevin Chastine to charge my credit card \$ _____ for legal fees. The credit card number is: _____, with an expiration date of: _____

Signature

Date

Security Code on the front or back of card

(AMX - 4 digit # on Front)

(VISA/MASTERCARD - 3 digit # on the back)

****Please fax back to **888-879-2458** or email to **Kevin@CDFLegal.com**
Please also attach photocopy of the card to this authorization form.****

← ← Billing address of the credit card