Sano Attorney Service *(909) 425-2248*

P.O. Box 1568, Riverside, CA 92502-1568 *sanoattorneyserv@aol.com*

Complete this form and fax to (909) 425-2218 OR
Scan and e-mail to sanoattorneyserv@aol.com

CREDIT CARD AUTHORIZATION FORM

Credit card charge amount $_____.

Check one: [ ] VISA [ ] MASTERCARD

Credit card number: _____

Expiration date: _____
(month/year - example 06/07)

Print name exactly as on card: _____

Billing address: _____

_____

Telephone number: _____

As cardholder, I hereby authorize Sano Attorney Service to charge the above credit card as a telephone/fax transaction and agree to pay the total amount as entered above according to the card issuer agreement.

_____ _____/____/_____
Cardholders signature Date

Sano Attorney Service reserves the right to restrict the credit of any client for any reason. It is further agreed that this contract is negotiated in Riverside, CA.

I certify that I am the holder of the above credit card, or have been authorized by the holder, to use it to pay for services provided by Sano Attorney Service and I agree to all of the above terms and conditions.

***For Sano use only. Service upon _____**