

CREDIT CARD AUTHORIZATION FORM

The undersigned authorizes MT. DIABLO LEGAL PROFESSIONALS ASSOCIATION to charge my credit card,

For: _____

TOTAL AMOUNT \$ _____

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____ (3 or 4 digit security number on back of card)

EXPIRATION DATE _____

BILLING ADDRESS _____

City: _____ State: _____

BILLING ZIP CODE _____

PHONE NUMBER: _____

NAME ON CARD _____

(As it appears on card)

ENTITY ON BEHALF OF PAYMENT: _____

IF YOU WOULD LIKE A RECEIPT, PLEASE PROVIDE YOUR EMAIL ADDRESS:

The undersigned acknowledges that the above amount includes (or will be added) a convenience fee (equivalent to approximately three percent (3%)).

SIGNATURE

DATE