

## 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 a convenience fee (equivalent to approximately three percent (3%)).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE