

## Credit Card Authorization Form

For Boren, Osher, & Luftman, LLP ("BOL") to accept and bill your credit card, please complete all fields, then sign and date below. Please email this Authorization Form to Anu Lundberg at [alundberg@bollaw.com](mailto:alundberg@bollaw.com) or fax it to (310) 322-2028. Please provide the following information as it appears in your invoice. All information sent is strictly confidential and BOL adheres to the highest standards for account data protection.

**Attention:** \_\_\_\_\_

**Contact/Billing Information:** (as shown on credit card)

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express  Discover

Card holder name (as shown on credit card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

**Please Check the Appropriate Box(es):**

**One Time Use:** I hereby authorize Boren, Osher, & Luftman, LLP ("BOL") to charge the indicated credit card above the amount indicated on my invoice for BOL. This is a one-time charge authorization. I am not authorizing BOL to setup my account within a recurring billing system, rather, I prefer to pay future invoices separately. I understand that if I want BOL to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

**Amount to be charged:** \_\_\_\_\_

**Recurring Billing:** I hereby authorize BOL to charge the indicated credit card above on a monthly basis for the amount indicted as a retainer, as well as for my invoices for BOL. This Recurring Payment Authorization/Periodic Charge shall remain in force until I cancel the billing process in writing.

**Authorization:**

I hereby authorize BOL to charge the indicated credit card. I agree that this is either a one time or monthly charge that will be made as indicated above. To terminate the recurring billing process, I understand that I must cancel in writing. I will not dispute BOL's recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to approve these charges.

Signature of Card holder (Required): \_\_\_\_\_ Date: \_\_\_\_\_