

**CREDIT CARD AGREEMENT**

In order to keep my account with LAW FIRM NAME GOES HERE current, I authorize you to charge the credit card listed below for the full amount currently due. If I feel that there has been an error in billing, I will bring it to the attention of LAW FIRM NAME GOES HERE within 3/5/10 days of receiving my invoice. If I make no objections to the invoice, LAW FIRM NAME GOES HERE is to consider that authorization to charge my card. In addition, if the balance in my trust accounts is below the agreed upon retainer amount, I authorize LAW FIRM NAME GOES HERE to charge the card to bring my account into compliance with the fee agreement signed on TODAY’S DATE.

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Billing City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip \_\_\_\_\_\_\_\_\_\_\_\_

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CLIENT NAME