



www.legslegalsupport.com

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Contact Us
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Phone: (760) 945-7654
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Credit Card Authorization Form

Account Information

Firm Name: _____ Contact: _____

Address: _____

Phone: _____ E-mail: _____

Credit Card Billing Address

Name As It Appears On Credit Card: _____

Card Number: _____

Credit Card Type: _____ Exp. Date: _____

Security Code: _____ Billing Zip Code: _____

Submission of this form authorizes Legs Legal Support, Inc. to charge your credit card for all incurred charges invoiced as agreed upon for services rendered.

The undersigned hereby authorizes Legs Legal Support, Inc. to charge the specific amount stated below to the credit card.

Amount: \$ _____

Authorized Signature: _____

Print/Type Authorized Name: _____

FOR OFFICE USE ONLY

Reference Number: _____ Authorization Number: _____

