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Vista, CA 92085
Phone: (760) 945-7654

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: _____

