

# AUTHORIZATION TO BILL

## CREDIT CARD

I AUTHORIZE SONGUR & ASSOCIATES, P.A., A LAW FIRM, TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ \_\_\_\_\_

ALL THE INFORMATION BELOW MUST BE PROVIDED

TYPE OF CARD:

VISA       MASTER CARD       OTHER: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_ SCV: \_\_\_\_\_

NAME (AS IT APPEARS ON CARD): \_\_\_\_\_

BILLING ADDRESS:

STREET 1: \_\_\_\_\_

STREET 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BILLING PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**This must be faxed to 407-964-1333 to process.**