

## **AUTHORIZATION TO CHARGE AGAINST CREDIT / DEBIT CARD**

### **APPEARANCE ATTORNEY OF CALL**

TELEPHONE: 877 – 322 – 7037 | FACSIMILE: 877 – 306 - 7037

Complete, sign, date & return this form as an attachment to your **Appearance Request Form** or separately by email to [billing@appearanceattorneyoncall.com](mailto:billing@appearanceattorneyoncall.com) or by facsimile to **877 – 306 - 7037**.

I, \_\_\_\_\_, hereby authorize Appearance Attorney On Call and/or it's managing agents("AAOC") to charge my credit card account for:

1. **Card Type and Number (Visa, MasterCard, Discover, AmEx only):**

\_\_\_\_\_

2. **V-Code/CID (3 or 4 -Digit Security Code):** \_\_\_\_\_

3. **Expiration Date:** \_\_\_\_\_

4. **Billing Address:** \_\_\_\_\_

\_\_\_\_\_  
(Include ZIP Code)

5. **Min. Charge: Check One: \$ 99.00 \_\_\_ - \$ 125 \_\_\_ - \$ 79 per hour \_\_\_  
\$ 89 per hour \_\_\_ - Special Offer - \$ 425.00 \_\_\_ Other:\$ \_\_\_\_\_**

[The amount shown here will be a minimum charge. You agree we may charge additional sums for additional services we render or costs we incur per Terms of Service & Agreement.]

I authorize advance payment of fees using the referenced card for all service rendered by or through AAOC. I further authorize reimbursement of costs associated with performance of the requested service, if any.

I understand that services performed or costs expended in reliance on my online and/or facsimile/telephone order are an accommodation for me, and I accordingly: (a) waive any requirement that AAOC swipe or take or make a physical imprint of my card; and (b) agree that the absence of an imprint shall not be a basis for a chargeback request.

Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

By Filling(Typing) In Your Name It Is Considered A Signature