

AUTHORIZATION TO CHARGE AGAINST CREDIT / DEBIT CARD

APPEARANCE ATTORNEY ON CALL

TELEPHONE: 877 - 322 - 5130 | 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 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. **FLAT FEE:** \$ _____ **minimum charge**

HOURLY FEE: \$ _____ **per hour @** ___ **hours Min. Chrg \$** _____

The amount shown and charged here will be a minimum charge. You agree we may charge additional sums for additional services or extra time billed for services we render or costs we incur per Terms of Service & Agreement provisions of agreement between AAOC and the undersigned

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