

The Siemon Law Firm

A Professional Corporation

Family Law and Criminal Defense www.siemonlaw.com (T) 770.521.4316 (F) 770.521.4317

Alpharetta Office: 4555 Mansell Road, Suite 300 Alpharetta, Georgia 30022 Cumming Office: Corporate Square, Bldg. 100 347 Dahlonega Street Cumming, Georgia 30040

CREDIT CARD AUTHORIZATION FORM

Name (Exactly as it appears on credit card): _____

Address (must match address where credit card bill is sent) _____

Home Phone No.:	Alternate Phone No.:

Credit Card No.: _____

Exp. Date: ______ Security Code (on back of card): _____

(circle one):	Master Card	Visa	American Express	Discover

Would you like The Siemon Law Firm to charge all of your future balances to this credit card? Y / N

Total Amount to be charged to your card today _____

In accordance with cardholder rules, I agree to pay and be responsible for the full amount listed herein to The Siemon Law Firm. I agree that if I chargeback any or all of the amount paid herein, I will be responsible for any and all fees, direct or indirect, assessed to The Siemon Law Firm resulting from said chargeback.

Signature of Cardholder

Date

Printed Name