

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please sign and complete this form to authorizing **Hanna Law** to charge your credit card listed below. By signing this form you give Hanna Law permission to securely maintain your credit card information for any related future charges or expenses as initiated by you, the Cardholder.

PLEASE COMPLETE THE INFORMATION BELOW:

I, the undersigned authorized individual whose name and other identification information is listed below, hereby irrevocably authorizes and instructs **Hanna Law** to charge my credit card pursuant to the terms and conditions set forth in our mutual agreement and in the amount agreed to therein. I acknowledge sole responsibility for all incidental costs or expenses related to the processing of this card and I understand that the amount actually charged may include any such additional processing fee(s). Any payment(s) made using my card shall apply to a confidential and potentially privileged legal matter. I agree and fully understand that this form, standing alone, does not create or establish an attorney-client relationship.

BILLING INFORMATION: (PLEASE TAKE YOUR TIME & WRITE VERY CLEARLY AND NEATLY)

Full Name _____ Phone Number _____

Street Address _____

City _____ State _____ Zip _____

CARD INFORMATION: (PLEASE TAKE YOUR TIME & WRITE VERY CLEARLY AND NEATLY)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Cardholder Name	_____		
Account Number	_____		
Expiration Date	_____/____/_____	CVV Number	_____

SIGNATURE & AUTHORIZATION:

I hereby authorize Hanna Law, or its affiliates, to charge the credit card indicated in this authorization form according to the terms outlined and referenced herein. I certify that I am an authorized user of this credit card and I further agree not to dispute this amount with the issuing credit card company, any bank or any other party and I acknowledge that any such dispute or similar effort to discredit the above transaction as being anything other than valid and true, shall constitute a breach of the related agreement and will be treated as a FRAUDULENT claim by Hanna Law who will seek all remedies available under Law. I further agree and understand that if I dispute this charge, I will be responsible for reasonable attorney fees, all collection costs, court costs and I will be charged an additional 10% reprocessing fee.

SIGNATURE _____

DATE _____



PLEASE SUBMIT BY EMAIL CCFORM@HANNALLP.COM OR BY FAX TO 202-478-5005