AUTHORIZATION FOR CHARGE
(notarization required)

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, after being first duly sworn upon oath, depose and state I am the account holder of the below identified charge account, and that I authorize the below merchant to immediately charge the below amount to my identified charge card as payment of attorney's fees and / or costs for the benefit of the below identified (prospective) client. The act of subscribing my signature is my voluntary act, not the result of any fraud, coercion, duress or undue influence on the part of any person and I have received a copy hereof. A photocopy, facsimile (fax) or electronic scan of this document shall be as valid as the original.

CREDIT CARD - CHARGE ACCOUNT

☐MasterCard ☐VISA ☐American Express ☐Discover Card

Account Number _____

Expiration Date _____, 20___ PIN _____ Authorized Charge $_____

Exact Name As It Appears On Charge Card _____

Charge Card Billing Address _____

_____ Zip Code _____

MERCHANT AUTHORIZED TO SUBMIT CHARGE TO CREDIT CARD ACCOUNT

Robert D. Gustafson, Attorney at Law, 6538 Charter Drive, Colorado Springs, Colorado 80918-1335
Toll Free Phone: (800) 410-1002 ** Phone: (719) 260-1002 ** Fax: (719) 260-1003

CLIENT OR PROSPECTIVE CLIENT

Name _____ Alias _____

Address _____ Birth Date _____

_____ SSAN _____

Phone (____) _____ Driver License _____

Fax (____) _____ Court _____

Email _____ Case No. _____

_____
SIGNATURE OF CARDHOLDER - AFFIANT

Phone (____) _____

Email _____

SUBSCRIBED AND SWORN on _____, 20___ in _____ County, State of _____ by the above affiant, personally known to me.

Witness my hand and official seal.
My Commission expires: _____, 20___.

NOTARY SEAL

_____
Notary Public
Address:

_____

_____