LAW OFFICES OF
MICHAEL J. GURFINKEL, INC.
219 NORTH BRAND BOULEVARD
GLENDALE, CALIFORNIA 91203-2609
TELEPHONE: (866) 487-3465
FACSIMILE: (818) 543-5801

AUTHORIZATION
TO CHARGE AGAINST MY CREDIT CARD

I, _____, hereby authorize the Law Offices of
(Print Name)
Michael J. Gurfinkel ("Law Offices") to charge against my Credit Card/Account:

For: _____
(Name of Client)

1. **Credit Card Number (VISA OR MASTERCARD ONLY):**

_____

2. **V-Code/CID:** _____
(Last 3 Nos. at the back of card)

3. **Expiration Date:** _____

4. **Billing Address:** _____

_____

5. **Amount:** $ _____

6. **[ ] One-Time Charge** **[ ] Monthly Charge**

7. **Please enclose:** (a) A copy of the front and back of your credit card; and
(b) A copy of your driver's license or other picture I.D.

To the extent this transaction/charge is via telephone or mail, I waive any requirement or objection that the Law Offices swipe, or take or make a physical imprint of my credit card, and that the lack of a physical imprint shall not be a ground or basis for any chargeback request. I understand and agree that such telephone/mail charge is being done by the Law Offices as an accommodation to me.

Date: _____ _____
Signature (Cardholder)

***Please complete this form by providing the information requested, and sign where indicated. Please return this form to us, along with: (1) a copy of the front and back of your credit card; and (2) a copy of your driver's license or other picture I.D.**