

Credit Card Authorization
Law Offices of Bonnie L. Mohr
Fax to: 212-981-0528

Credit Card Information

Visa MasterCard American Express Discover

Amount: _____

Cardholder Name: _____

Credit Card Number (3 digits on back of card): _____

Credit Card Code: _____

Expiration Date: _____

Billing Address: _____

Phone Number: _____

I agree to pay for and authorize Bonnie Mohr, Attorney, to charge my credit card in the above amount for her services.

Unless prohibited by law, I agree not to cancel, revoke, charge back or dispute any previously entered charge on my credit card. If I do, and it is later determined that the charge was properly authorized, I agree to pay all out of pocket fees and costs incurred by Bonnie Mohr, Attorney, as a result of the improper cancellation, revocation, charge back or dispute.

Signature: _____

Printed Name: _____

Date: _____

Contact: Bonnie Mohr, Attorney, 236 W. 26th Street, Suite 303, New York, NY 10001
212-736-2624 x 13, bonnie@mohresq.com