

Authorization for Credit Card Use*

*3% convenience fee will be added

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Zip Code Required: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Security Code: _____ (digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize the Law Office of Diana Macias Valdez, PLLC, to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Law Office of Diana Macias Valdez, PLLC
Attention: Ms. Katrina Kennedy
5845 Cromo Drive, Suite One
El Paso, Texas 79912
(915) 503-1290
(915) 503-1291
kkennedy@dianamvaldezlaw.com