
LAW OFFICE OF MICHELLE BALL
MICHELLE BALL
ATTORNEY AT LAW
717 K STREET, SUITE 228
SACRAMENTO, CA 95814
PHONE: (916) 444-9064
FAX: (916) 444-1209
www.edlaw4students.com

CREDIT CARD INFORMATION FORM

Please complete the following information in blue or black ink. Then mail or fax this form back with your Consultation Policies Form. Please note that we do not accept the Discover Card.

NAME OF PERSON CONSULTING: _____

NAME ON CREDIT CARD (if different from above): _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

V-CODE: _____

(V-Code = 3 digit number on signature panel after last 4 digits of credit card number)

COMPLETE ADDRESS where bills are sent for this credit card: _____

CARDHOLDER'S SIGNATURE: _____

Authorizes credit card to be charged upon conclusion of consultation. Amount charged will depend upon total time spent consulting. Total amount charged will be determined per rates outlined in the Consultation Policies Form at the end of the consultation.