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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.

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; OR for American Express the 4 digits on front of card which are separate from the credit card number)

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

CARDHOLDER'S SIGNATURE: _____

DATE SIGNED: _____

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.