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CREDIT CARD FORM

Please complete the following information electronically and/or in blue or black ink and return.

NAME OF PERSON CONSULTING:

NAME ON CREDIT CARD (if different):

CREDIT CARD NUMBER:

EXPIRATION DATE:

CVV (3 digits on signature panel/4 digits on front for Am Ex)

(CVV = Card Verification Value)

COMPLETE ADDRESS where bills are sent for this credit card:

CARDHOLDER'S SIGNATURE:

DATE SIGNED:

Authorizes data to be stored and credit card to be charged upon conclusion of consultation without required additional notice, at rates outlined in Phone Consultation Policies Form. If you prefer to pay in advance another way, such as check, money order, Venmo or Zelle etc. please contact us at help@edlaw4students.com.