

IRVINE LAW FIRM, PLLC
Post Office Box 742
413 West Main Street
Williamston, North Carolina 27892
Telephone: (252) 809-4930
Facsimile: (252) 809-4933

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

_____ (Initial) I hereby authorize Irvine Law Firm, PLLC to charge the balance currently due on my account for the amount of \$_____.

Client Name: _____

Cardholder Name Exactly As Appears on Card: _____

Billing Address: _____

City	State	Zip Code
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Telephone No(s). (Indicate Work, Cell, etc): _____

Type of Card:   

Card Number: _____

Expiration Date: _____ Security Code: _____
(3 Digits on Back of Card)

The undersigned guarantees performance of the financial provisions of this agreement.

Being the cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions, and I acknowledge that all fees are earned upon receipt.

Signature of Cardholder: _____

Date: _____