



GERACI LAW FIRM

90 Discovery
Irvine, CA 92618

Credit Card Authorization Form

PLEASE SELECT YOUR METHOD OF PAYMENT:

Credit Card Payment

Check One: VISA MasterCard Discover Mail Check

Credit Card Number _____

Expiration Date (Month/Year) _____

CVV code (3 digits code on back) _____

Name on Card _____

Address on Card _____

City State Zip Code

I hereby authorize GERACI LAW FIRM to charge my credit card in the amount of \$ _____

Cardholder's Signature _____

Date: _____

Telephone: _____

For Office Use Only:

Client Name: _____ Account Name/No.: _____

Invoice No.: _____ Transactional

Litigation

Property Address: _____

Comments: _____
