

## CREDIT CARD AUTHORIZATION

- I authorize The Law Offices of Kain & Burke, PC to use my credit card for payment of a conference (telephone/office) scheduled for \_\_\_\_\_, and for the attorney's time in reviewing documents I forward for the consult. I understand that Attorney Burke's fee is \$265/hr, Attorney Holguin's fee is \$240/hr, Attorney Smith's fee is \$240/hr, and Attorney Cenamo's fee is \$240/hr. I know that for my first consult with the firm I will be charged \$100 for up to ½ hour of the attorney's time, and any time beyond that will be charged at the attorney's regular hourly rate in increments of tenths of an hour. I also understand that all future consults will be charged at the attorney's regular hourly rate in tenths of an hour.
  
- I hereby authorize Kain & Burke, PC to use my credit card for the retainer in the amount of \_\_\_\_\_, which will be placed in the COLTAF TRUST ACCOUNT of The Law Offices of Kain & Burke, PC. Further, I agree at this point to sign a Fee Agreement which explains this arrangement in detail.
  
- I authorize Kain & Burke, PC to charge my credit card account for legal services provided to me by The Law Offices of Kain & Burke, PC for payment.
  
- If any of my monthly bills are not paid by check or cash within 30 days of the due date, then I authorize payment of the bill with the following credit card.

**Circle one:**                                **Master Card**                                **Visa**                                **Discover**

**Card number:** \_\_\_\_\_

**Exact name as it appears on card:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**3-digit code on back of card:** \_\_\_\_\_

*By checking this box, I hereby acknowledge by electronically signing this Credit Card Authorization that all terms and conditions apply.*

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ **Signature of person authorized to use card**

\_\_\_\_\_ **Billing address**

\_\_\_\_\_ **City**                                **State**                                **Zip**

\_\_\_\_\_ **Telephone**

**FOR OUR RECORDS AND FOR YOUR PROTECTION, PLEASE ATTACH A PHOTO COPY OF YOUR CREDIT CARD AND DRIVER'S LICENSE.**