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 $300/hr, Attorney Holguin's fee is $260/hr, Attorney Smith's fee is $260/hr, and Attorney Cenamo's fee is $260/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.