

THE LAW OFFICE OF THOMAS V. PURPI, P.C.

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CREDIT/DEBIT CARD AUTHORIZATION

Please complete the following form, providing the information as it appears on your card:

CARDHOLDER

NAME ("CLIENT"): _____

CARD TYPE:

Visa MasterCard Amex Discover Other (*specify*) _____

CARD NUMBER: _____

CVC

NUMBER: _____

(last three digits from the back of the card, or four digits from the face of the card)

EXPIRATION DATE: _____/_____/_____

(month) (year)

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: (_____) _____ - _____

Client represents that the above information is complete and accurate and that Client will notify the Law Office of Thomas V. Purpi, P.C. (LOTVP) immediately by way of email to 'accounts@purpilaw.com' should there be any change in account status or information. Client agrees that a photocopy or facsimile of this Authorization shall have the same force and effect as the original.

Client, the undersigned cardholder, gives LOTVP authorization (select one or both):

- (recurring)** to charge any balance owing to LOTVP to the above-provided card ten (10) days after the date of an invoice sent to Client*; and/or
- (one-time)** to charge the to the above card the following amount: \$ _____

*Card will be charged unless Client instructs LOTVP otherwise within ten (10) days of invoice date. Authorization for recurring charges may be withdrawn at any time by sending an email containing cardholder name and last four digits of card number with subject 'StopAuth' to 'accounts@purpilaw.com'.

Cardholder Signature: _____ Date: _____

Memo: _____
