



MEDLEY & ASSOCIATES, LLC
ATTORNEYS AT LAW

Credit Card Authorization Form

Please fill this form out and fax it back to us at 770.319.7594

Name: _____

Billing Address: _____

Phone Number: _____

I authorize Medley & Associates, LLC. to charge my account for services rendered.

Check One: One Time Charge Automatic Charge Every Month

Check One: Visa Master Card American Express

Name of Credit Card Holder: _____

Credit Card Number: _____

Expiration Date: _____

Three Digit Code on Back of Card: _____

Amount to be Charge Per Invoice: _____

Signature: _____

Date: _____