LAW OFFICES OF JASSI S. SACHDEV, P.C.

ATTORNEYS & COUNSELORS

39111 W. Six Mile Road, Suite 107, Livonia, Michigan 48152.
Phone: 734.779.1662 Facsimile: 866.234.8982
E-mail: info@sachdevlaw.com Website: www.sachdevlaw.com

AUTHORIZATION CREDIT CARD CHARGE

I authorize Law Of for the amount of \$			_	it card mentioned below reement.
Name of Client (if	different than	name on credit c	ard account)	
Circle One: Visa	Mastercard	<u>1</u>		
Card Number				
Exp. Date:				
CVV or CODE				
Full Name as it app	pears on your o	eard:		
Billing Address for	r the Card			
City				
State	Zip			
Contact Phone Nui	mber:			
X				
Signature		Date		
For Office use:				
CHARGED?	Yes	Amount:	Date	Initial
CREDITED TO A	CCOLINT?	Ves	Date	Initial