

EBEN L. KURTZMAN

Attorney Appearances in the Greater Bay Area

1650 Zanker Road ❖ Suite 123 ❖ San Jose, CA 95112

Phone (408) 295-2105 ❖ Fax (408) 295-7430

Text (408) 309-5137 ❖ Email office@ebenkurtzman.com

Credit Card Payment Authorization Form

If you would like to enjoy the convenience of voice authorized credit card payment or automatic recurring billing for the services we provide, simply complete this form, sign it, and return it to our office. All requested information is required. You may cancel this authorization at any time by contacting us.

Customer Information

Attorney / Law Firm _____ Contact name _____

Billing address (for statements) _____

Office phone _____ Fax _____

Cell phone _____ Email address _____

I authorize Eben Kurtzman to bill the services provided by his office to the card listed below as specified:
(please check at least one option)

- Automatically bill the entire balance of the previous months statement prior to mailing the current months statement.
- Bill the amount I specify upon receipt of my authorization by fax, email or text from the number/address shown above.
- Bill the amount I specify upon receipt of my verbal authorization.
- Bill this amount \$_____ monthly.
- Bill this amount \$_____ once.
- Other: _____.

Start on _____/_____/_____ End on _____/_____/_____ or No end date
Month Day Year Month Day Year

No end date

Card type: VISA MasterCard Other _____

Cardholder name (please print clearly) _____
(as shown on card)

Address _____
(as shown on card billing statement)

Card number _____ Expiration Date _____/_____

Cardholder's signature _____ Today's Date _____/_____/_____

When my credit card is charged, fax a copy of the transaction receipt to the fax number shown above.