PEAK FAMILY LAW

Credit Card Authorization

I authorize Peak to:

1. Charge the credit card below for the initial retainer, legal services, disbursements, and trust account replenishments relating to the account.
2. Enter credit card information into an electronic credit card storage system.

Client Name(s)	_____
Name on Card ☐ Same as above	_____
Billing Address (Street, City, Postal Code)	_____
Card Type	☐ Visa ☐ Mastercard
Card Number	_____
Expiry Date (MM/YY)	_____
Security Code (3 digits)	_____
Cardholder Signature	_____