

CREDIT CARD CHARGE FORM

SANTA CLARA LAW



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Method of Payment: **Visa** **MasterCard** **Discovery**

Card #: _____ Expiration Date : _____

Amount: _____ Signature: _____

Cardholder acknowledges receipt of goods and/or services in the amount shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer. (Please indicate how payment was accepted)

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