

TRUST. COMMITMENT. INTEGRITY.

570 YONKERS AVENUE YONKERS, NEW YORK 10704 (914) 965-1011

CREDIT CARD AUTHORIZATION

Client's Name:		
Matter:		
Name on Credit Card:		
Address Associated with Credit Number & Street:		
City	State	Zip Code
Telephone:		
Credit Card Type: Discover	Mastercard	Visa
Credit Card Number:		
CVN (3-digit number on back o	f card)	
Expiration Date:		
I hereby, authorize James G. D ethe agreed fees related to my pe		C., to charge my credit card for
Print Name		
Signature		 Date