



**MARK ABZUG, PA**

2801 UNIVERSITY DRIVE, SUITE 203  
CORAL SPRINGS, FLORIDA 33065-5011

TEL (954) 753-1003

FAX (954) 753-1699

EMAIL: MABZUG@CORALSPRINGSLAW.COM

**AUTHORIZATION FOR CREDIT CARD PAYMENT**

I, \_\_\_\_\_ do hereby authorize Law Offices of Mark Abzug, P.A. to charge the amount of \$\_\_\_\_\_ on my charge card / debit card, as stated below for payment on my account for services rendered by Law Offices of Mark Abzug, P.A. Cardholder understands and agrees that \$\_\_\_\_\_ is to be applied as a nonrefundable retainer pursuant to the terms of the retainer Agreement between Law Offices of Mark Abzug, P.A. and \_\_\_\_\_. The remaining **\$75.00 / \$150.00** is a nonrefundable administrative fee pursuant to the terms of the aforesaid retainer agreement.

Name of Cardholder : \_\_\_\_\_

Type of Card (circle one) : MasterCard - Visa - Discover - AMEX - Other

Card Number : \_\_\_\_\_

CID : \_\_\_\_\_

Expiration Date : \_\_\_\_\_

Billing Address of Credit : \_\_\_\_\_  
(please include zip code)

: \_\_\_\_\_

: \_\_\_\_\_

Dated: \_\_\_\_\_ : \_\_\_\_\_

Signature of Cardholder

A fax or copy of the cardholder's signature shall be deemed valid as an original signature.