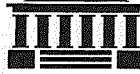


Law Offices of



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, _____ (Cardholder) do hereby authorize Law Offices of Mark Abzug, P.A., to charge the amount of \$_____ on my charge card as stated below for payment of legal services and/or costs rendered or to be rendered by the Law Offices of Mark Abzug, P.A., pursuant to the terms of the retainer Agreement between Law Offices of Mark Abzug, P.A., and _____ (Client).

Name of Cardholder : _____
Print Name

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

Card Number : _____

CID/3 digit no. : _____

Expiration Date : _____

Billing Address : _____
(please include zip code)

: _____

: _____

Cardholder's Phone No. : _____

Dated: _____ : _____

Cardholder's Signature

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