



**MARK ABZUG, PA**

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**AUTHORIZATION FOR CREDIT CARD PAYMENT**

I, \_\_\_\_\_, do hereby authorize Law Offices of Mark Abzug, P.A.,  
to charge the amount of **\$60.00** on my charge card as stated below for an initial telephone  
consultation with Mark Abzug, Esq.

NAME OF CARD HOLDER : \_\_\_\_\_

TYPE OF CARD (circle one) : MasterCard - Visa - Discover - AMEX - Other

CARD NUMBER : \_\_\_\_\_

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

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.