

ANDERSON LEGAL GROUP, P.C.

—A PROFESSIONAL CORPORATION—

5209 HERITAGE AVENUE
BUILDING 2 • SUITE 200
COLLEYVILLE, TEXAS 76034
TELEPHONE: (817) 424-3405 METRO
FAX: 1 (866) 347-3944 TOLL-FREE

CREDIT CARD PAYMENT FORM

**-SIMPLY FILL OUT THIS FORM AND MAIL IT,
EMAIL IT OR FAX IT BACK!-**

CARD HOLDER NAME: _____

CARD NUMBER: _____ - _____ - _____ - _____

TYPE OF CARD: _____ (VISA, MASTERCARD, DISCOVER
& AMEX)

CVV2/CVC: _____ (THREE OR FOUR DIGIT NUMBER ON THE FAR
RIGHT OF THE BACK OF THE CARD)

EXPIRATION OF CARD: _____ / _____ (MONTH/YEAR)

AUTHORIZED CHARGE AMOUNT: \$ _____

ADDRESS WHERE CREDIT CARD BILL IS SENT:

ZIP CODE WHERE CREDIT CARD BILL IS SENT: _____

PHONE NUMBER: _____

SIGNATURE FOR APPROVAL OF CHARGE:

DATE:

THANK YOU FOR YOUR PAYMENT!