

# ANDERSON LEGAL GROUP, P.C.

—A PROFESSIONAL CORPORATION—

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## CREDIT CARD PAYMENT FORM

**-SIMPLY FILL OUT THIS FORM AND MAIL, EMAIL  
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 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!**