

# ANDERSON LEGAL GROUP, P.C.

—A PROFESSIONAL CORPORATION—

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BUILDING 2 • SUITE 200  
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TELE: (817) 424-3405 METRO  
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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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

EXPIRATION OF CARD: \_\_\_\_\_ / \_\_\_\_\_ (MONTH/YEAR)

ADDRESS WHERE CREDIT CARD BILL IS SENT:

\_\_\_\_\_  
\_\_\_\_\_

ZIP CODE WHERE CREDIT CARD BILL IS SENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AUTHORIZED CHARGE AMOUNT

DATE TO CHARGE

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
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SIGNATURE FOR APPROVAL OF CHARGES:

\_\_\_\_\_

DATE:

\_\_\_\_\_

**THANK YOU FOR YOUR PAYMENT!**