

CAVEDA

LAW FIRM, P.A.

HYDE PARK PLAZA
324 S. Hyde Park Avenue, Suite 230
Tampa, Florida 33606
Telephone: (813) 254-5455 ♦ Fax: (813) 936-4686
david@cavedalaw.com

CREDIT CARD AUTHORIZATION FORM



AMERICAN EXPRESS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Visa, MasterCard or Discover:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4-Digit Code on Front of American Express Card: _____

OR

3-Digit Code on Back of Visa, MasterCard or Discover Card: _____

Card Expiration Date: _____

Name on Card: _____

Billing Address Street: _____

Billing Address City, State, Zip: _____

I, _____, hereby authorize Caveda Law Firm, P.A. to charge the above card the amount of: \$_____ and agree to perform the obligations set forth by the Cardmember's Agreement with the Issuer.

Date

Client Signature