

# HORIZON

ATTORNEYS & COUNSELORS AT LAW PLC

4715 EAST 91<sup>ST</sup> STREET, SUITE 200

TULSA, OKLAHOMA 74137

[www.horizonattorney.com](http://www.horizonattorney.com)

## CREDIT CARD AUTHORIZATION FORM

NAME ON CARD: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_

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

EXPIRATION DATE: \_\_\_\_\_

CVC NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

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

Please select one of the following payment options:

Please bill my credit card ONCE for the following amount \$\_\_\_\_\_

Bill my credit card MONTHLY for the following amount \$\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name Authorizing Party

\_\_\_\_\_  
Signature Authorizing Party