CREDIT CARD AUTHORIZATION FORM

Credit Card Number:

Expiration Date:

CVV Number:

Name on Card:

Billing Address:

Billing Telephone Number:

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Golden Law, LLC, to charge the amount of $\_\_\_\_\_\_\_\_\_\_\_ to the above-listed credit card.

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

Signature

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

Date