



THE LAW OFFICES OF
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CREDIT CARD BILLING AUTHORIZATION FORM

Name Appearing on Card: _____

Credit Card Billing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Credit Card Type: _____

Credit Card Number: _____

Card Verification Value 3 or 4 Digit Code: _____

Expiration Date: _____

Print Name: _____

Cardholder Signature: _____

Authorization Date: _____

I hereby authorize Ronald L. Bell & Associates, P.C., for legal services rendered, to place the charges indicated below on my credit card as an e-mail/facsimile transaction:

	3% Charge Card Fees	8 % AMEX Fees
\$100.00	\$ 3.00	\$ 8.00
\$1000.00	\$ 30.00	\$ 80.00
\$2000.00	\$ 60.00	\$160.00
\$3000.00	\$ 90.00	\$240.00
\$6000.00	\$180.00	\$480.00

You are hereby authorized to charge my credit card in the amount of: \$ _____,

plus an additional transaction fee of : \$ _____ for a total of: \$ _____.

***IT IS UNDERSTOOD THAT ALL CHARGES TO THIS CREDIT CARD
 ARE IRREVOCABLE AND NONREFUNDABLE.***