



CREDIT CARD AUTHORIZATION

**** Secure & Confidential ****

I authorize 1720 Financial Services Corp to charge my credit card (specified below) the full amount of service. This is in accordance with the terms and conditions between 1720 Financial and the undersigned. I fully understand that this will mean that 1720 Financial will charge my card on more than one occasion as per the retainer agreement previously signed. I authorize 1720 Financial to process all charges accordingly. I authorize the charges to be deducted from my account on behalf of 1720 Financial by 1720 Financial Services Corp.

PERSONAL INFORMATION:

Full Name: _____
(as it appears on the Credit Card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Tel: (_____) _____ Fax: (_____) _____

Email : _____

CREDIT CARD INFORMATION:

Check One:

VISA MASTERCARD DINERS DISCOVER AMERICAN EXPRESS

Card Number: _____

Expiration Date: ____ / ____ / 20____

CCV Number (3 or 4 digit number on back of card) : _____

Signed: _____ Date: _____