

CREDIT CARD FORM

Please type in the following information and fax it to 1-916-448-7010, Thanks.

LAW OFFICE OF

TERRY R. HUNT

Attn : Account Receivable
Law Offices of Terry R. Hunt
1007 7th street Suite 201
Sacramento CA 95814

CARD HOLDER INFORMATION

1. First Name Middle Initial Last Name
2. Address 1
3. Address 2
4. City State Zip
5. Daytime Phone Evening Phone

CREDIT CARD INFORMATION

6. Name on Credit Card
7. Visa Master Discover
8. Credit Card Number
9. Expiration Date (mm/dd/yy) :
- (Please be advised that 2% additional charge will be added for all credit card payments.)
10. Client Name
11. Date (mm/dd/yy)
12. Card Holder Signature