

CREDIT CARD AUTHORIZATION STATEMENT

I, _____, authorize the Law Offices of Stephanie A. Foster to charge my credit card the sum of \$_____ for the retainer fee on behalf of their client, _____.

The type of card is (Please circle) VISA, MASTER CARD, AMEX, DISCOVER

The number is _____

The expiration date is _____

Signed this ____ day of _____, 2008.

Signature

(Print Name)

Please complete, sign, and fax back to (817) 483-9303.
Also include a copy of the credit card you want the fees put on.