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MARC VOGIN

CREDIT CARD AUTHORIZATION

I, _____, do hereby authorize my attorneys, KLEIN, VOGIN & GOLD and/or MARC VOGIN, ESQUIRE to bill my Visa () MasterCard () credit card for services rendered. I am authorizing my attorneys to bill my credit card as follows:

() One (1) time only in the amount of \$_____.

() Monthly in the amount of \$_____.

I understand that this Authorization may be revoked in writing to my attorneys at the above address, certified mail, return receipt requested.

My credit card information is as follows:

Visa () MasterCard ()

Number: _____

Expiration Date: _____

Security Code: _____

Name as it appears on Credit Card: _____

Billing Address: _____

Dated:

Signature

Print Name