



**VIVA**  
LEGAL SERVICES

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information		
Card Type:	MasterCard	VISA
	Other	
Cardholder Name (as shown on card):		
Card Number:		
Expiration Date (mm/yy):		
Cardholder ZIP Code (from credit card billing address):		

I, \_\_\_\_\_, authorize VIVA LEGAL SERVICES to charge my credit card above for agreed upon services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please complete, sign and send this form to our e-mail: [info@viva-law.net](mailto:info@viva-law.net)