

## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ hereby authorize the firm of  
PRINT NAME  
Cooper Ginsberg Gray, PLLC to charge \$ \_\_\_\_\_ to my Visa or MasterCard  
(CIRCLE ONE)  
for legal services received.

FULL NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD ACCOUNT NUMBER: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_

CVV/CVC (3-Digit Security Code on the back of card): \_\_\_\_\_

CARDHOLDER STREET NUMBER: \_\_\_\_\_

CARDHOLDER ZIP CODE: \_\_\_\_\_

AUTHORIZED AMOUNT: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN TO:

COOPER GINSBERG GRAY, PLLC  
10201 Fairfax Boulevard, Suite 520  
Fairfax, VA 22030

OR e-mail information to:  
**[rkotwicki@cgglawyers.com](mailto:rkotwicki@cgglawyers.com)**

If you would like to make a credit card payment by telephone, please call us Monday through Friday (9:00 a.m. - 5:00 p.m.) at **703-934-1480** and speak with our Office Manager, Robert Kotwicki.