

**James Nygaard, Attorney At Law
CREDIT CARD AUTHORIZATION / Non-Dispute Form**

Today's Date: _____

I authorize Credit Card sale in the amount of: \$ _____

Charged on: _____

Card#: _____ **Expiration:** _____

CVV2: _____ **(number on back of card)**

CARDHOLDER *Complete all fields below:*

✓ **Full Name (as it appears on card):**

✓ **Billing Address (address where statement is mailed):**

✓ **City:**

State:

Zip:

✓ **Area Code/Phone: ()**

I _____ **(printed cardholder name) hereby confirm the above transaction is authorized in the amount of \$** _____

Legal Services have been received. I am satisfied with what I have received. I understand that this transaction is non-refundable.

Cardholder Signature: _____

Above must be signed by cardholder.