

SWANSON & WARCUP, LTD
1397 Library Circle, Ste 202
Grand Forks, ND 58201
(701) 772-3407

Third Party Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance for your convenience.

3rd Party Payment

ONE TIME PAYMENT:

_____ I hereby authorize Swanson & Warcup, Ltd. to charge my credit card indicated below the
(Initial) balance due for the amount of \$_____.

FUTURE MONTHLY BILLINGS:

_____ I hereby authorize Swanson & Warcup, Ltd. to charge my credit card indicated below
(Initial) the amount due and owing on _____ account on the ____ day of
each month for services rendered the previous month, until completion or termination of legal services.

FUTURE PAYMENTS – AMOUNTS CURRENTLY DUE:

_____ The outstanding balance on my account is \$_____. I hereby authorize
(Initial) Swanson and Warcup, Ltd. to charge my credit card indicated below for the amount of \$ _____
on the _____ of each _____ until paid in full.
(Day) (Month/Week)

POLICIES:

_____ By signing I, _____, understand I am paying for legal fees on behalf of
(Initial) _____, a client with this firm. I understand I will receive no direct
benefit from this transaction or the legal services provided. I further agree that in the event the charge
to my credit card is denied for any reason, I will provide a new valid credit card upon request or arrange
another form of payment.

PAYMENT INFORMATION

Client Name: _____

Type of Card: ___ Visa ___ Discover ___ Mastercard ___ American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Cardholder Name: _____

Cardholder Billing Address: _____

Signature of Cardholder: _____ Date: _____