

CREDIT CARD AUTHORIZATION

FOR PAYMENT OF LEGAL SERVICES ONLY

I, (name) _____ give GLINSMANN & GLINSMANN, CHARTERED permission to charge my credit card for payment of legal services in the amount as indicated below:

Amount \$ _____

Type of Credit Card: Visa
 MasterCard
 American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____ (3 Digit Code for Visa/MC--- 4 Digit Code for Amex)

Cardholder Signature: _____

Date: _____

Name on Card: _____

Billing Address: _____

Instructions: Please complete the above form in the amount with the appropriate information and fax a copy of the completed form to (301) 987-0025.

Note: This firm does not accept credit card payments for payment of USCIS filing fees, Consular Machine Readable fees or any third party fees.