



**Credit Card Payment Authorization Form
(COD)**

I, _____ hereby authorize Nationwide Legal, LLC to charge payment for the following service to my credit card:

SERVICE INFORMATION	
Client Name: _____	Acct #: _____
Job(s) #: _____	
Invoice(s) #: _____	
Date of Service: _____	
Amount: \$ _____	

CREDIT CARD INFORMATION	
Name on Card: _____	
Billing Address: _____	
City: _____	Zip: _____
<input type="checkbox"/> AmEx <input type="checkbox"/> Visa <input type="checkbox"/> MC	CVC #: _____
Card #: _____	Expires: _____

SIGNATURE _____ **DATE** _____

I agree to the credit card processing fee of 3% of the total owed.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.