



Law Offices of
Bret Jones P.A.
 ATTORNEYS AND COUNSELORS

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 Clermont, Florida 34711
 352-394-4025

Credit Card Payment Authorization Form

Sign and complete this form to authorize Bret Jones, P.A. to make a debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the date set forth below.

Please complete the information below:

I _____ authorize Bret Jones, P.A. to charge my credit card account indicated below for legal services (including costs and trust replenishments) incurred on my behalf commencing as of the date first written below until such time as my file is closed by Bret Jones, P.A.

I understand that I am required to maintain a trust account balance in the minimum amount of \$_____.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Cardholder Address	_____			
Account Number	_____			
Expiration Date	_____	CVV2	_____	(3 digit number on back of Visa/MC, 4 digits on front of AMEX)

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 so long as the transaction corresponds to the terms indicated in this form. I authorize Bret Jones, P.A. to charge my credit card for the following purposes:

First Time Use:

I authorize Bret Jones, P.A. to charge my credit card according to the terms outlined above for the minimum trust account balance.

Recurring Billing:

I authorize Bret Jones, P.A. to charge my credit card on a periodic basis for any invoices that remain unpaid after fifteen (15) days of their issuance.

Third Party:

I authorize Bret Jones, P.A. to charge my credit card for third party vendor costs arising out of or related to my matter. Cost may include but are not limited to court reporter fees, expert fees, copying and shipping costs, etc.

I understand that, whenever reasonably possible, the invoice to be paid by credit card will be Clio-connected to me and that I will have at least ten (10) days to pay the invoice by check or cash. I agree to pay a service fee to Bret Jones, P.A. in the amount of \$50.00 for any disputed and/or charge-backs, in addition to the principal charged to my credit card. These authorizations shall remain in force until cancelled by me in writing. I understand that if I cancel this authorization without deposit of additional trust funds, approved by the attorney overseeing my file, Bret Jones, P.A. may immediately withdraw from all services it is providing on my behalf without further notice.

SIGNATURE _____

DATE _____