C H E K I A N L A W O F F I C E
11400 W. Olympic Blvd. #200 / Los Angeles, CA 90064 | tel (310) 390-5529 | fax (310) 451-0739 | email mike@cheklaw.com

Credit Card Authorization Form

Date : / / 2007

Name (as appears on card) : _____

Contact Phone No. : (____) _____

Type of Card (Please Circle) : American Express Mastercard Visa Discover

Card No. : _____

Expiration Date: _____ / _____

Authorization Code (3 or 4 digit) : _____

Amount: $_____

X_____
Signature of Authorized Cardholder

_____
Print Name

Please complete and fax back to: **(310) 451-0739**