



Spooner & Associates, P.C.
 Experienced Georgia Attorneys
 3451-C Lawrenceville-Suwanee Rd
 Suwanee, GA 30024

Credit Card Pre-Authorization

In an effort to better serve our clients and simplify your billing experience, the firm offers secure credit card acceptance through LawPay, our credit card processor. You have the option to pay your invoice by credit card in our office or use a secure online payment page.

If you would like the convenience of calling our office with your payment or if you are making payments on behalf of a client, we must have a signed pre-authorization for the credit card. This credit card information is filed with our confidential client information and kept secure. You will receive copies of any receipts confirming the amount(s) charged. If you have any objection to the charge amount on the receipt, you have ten (10) days from the date of issuance of the charge receipt to notify our office, in writing, of the suspected error and correct the charge amount with our billing manager.

Submit the completed Credit Card Pre-Authorization by mail, email (info@spoonerlaw.com), or fax (678) 714-5391.

THIRD PARTY PAYMENT APPROVAL (Please complete this section if the cardholder is not the firm's client.)

As the authorized cardholder, I understand I am paying for legal fees on behalf of _____, a client of Spooner & Associates, PC. I understand I will receive no direct benefit from these transactions or the legal services provided. I also understand I am waiving my right to dispute these charges with my bank for claims of services not received by cardholder or other similar claim of non-service. _____ (Initials)

Cardholder's Billing Address: _____

Cardholder's E-mail Address: _____

CREDIT CARD INFORMATION (Please complete and sign.)

Client's Name: _____

Client's Billing Address: _____

Client's E-mail Address: _____

Type of Card (choose one): MC Visa Discover AMEX

Card Number: _____

Expiration Date: _____ Security Code: _____ Initial Charge Amount: \$ _____

Cardholder's Name (Printed): _____

X _____ Date: _____
 Signature of Cardholder

Being the authorized cardholder, by signing above I understand and agree to the terms and conditions of this payment. I also agree to pay, and specifically authorize to charge my credit card for any future retainer replenishments or outstanding balances owed. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request to be charged for the payment of any outstanding balances owed.

For Office Use Only:

Received by: _____

Date Received: _____

Matter Number: _____