

THE HASSAN M AHMAD LAW FIRM PLLC

**CREDIT CARD AUTHORIZATION FORM**

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\*-Licensed in Maryland only;

**I, the undersigned HEREBY AUTHORIZE the Hassan M. Ahmad Law Firm, PLLC to charge my credit or debit card as follows: (check *one* only)**

One-time charge of \$ \_\_\_\_\_  
[write in amount authorized]

Multiple charges of \$ \_\_\_\_\_ each, to be charged on the \_\_\_\_\_ day of each month for  
[monthly amount] [day]

the next \_\_\_\_\_ months, for a total charge of \$ \_\_\_\_\_  
[number] [total amount authorized]

**My card information is as follows:**

Name on Card: \_\_\_\_\_  
[first] [middle] [last]

Billing Address: \_\_\_\_\_  
[no. & street] [city] [state] [ZIP]

Main Phone: (\_\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_  
[area code] [number]

Type of Card:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
[month] [year]

Security Code: \_\_\_\_\_ [A 3 digit number that appears on the back of the card, or for AmEx, a 4 digit number on the front of the card]

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name:**

**PLEASE FAX THIS FORM BACK TO (703) 997-8556 OR EMAIL TO info@hmalegal.com**