



LAW OFFICE OF ALENA SHAUTSOVA

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175 Eileen Way, Syosset NY 11791

www.shautsova.com
www.russianspeakinglawyerny.com
www.workharassmentattorneys.com

CREDIT CARD AUTHORIZATION FORM

Amount: \$ _____

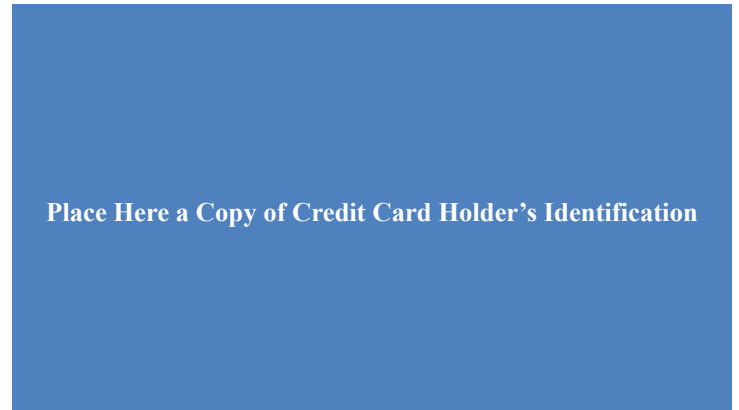
Client Name: _____

Name on Card: _____

Billing Address: _____

Credit Card #: _____

Expiration Date: _____



Place Here a Copy of Credit Card Holder's Identification

CVV Security Code: _____

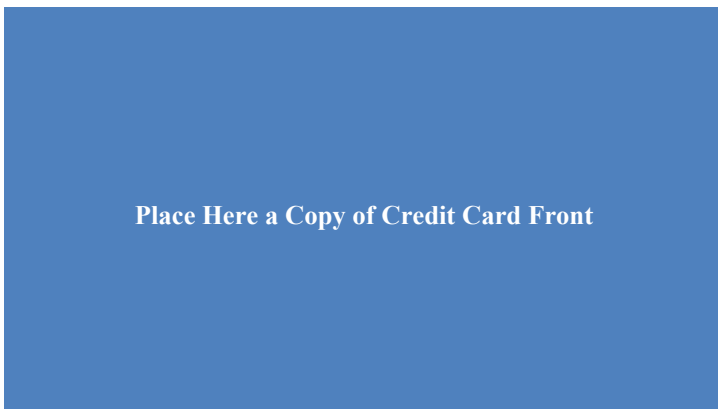
I AUTHORIZE THE LAW OFFICES OF ALENA SHAUTSOVA
TO CHARGE MY ACCOUNT FOR THE ABOVE AMOUNT.

***Credit Card Processing Fee will apply up to 3% of the total amount billed.**

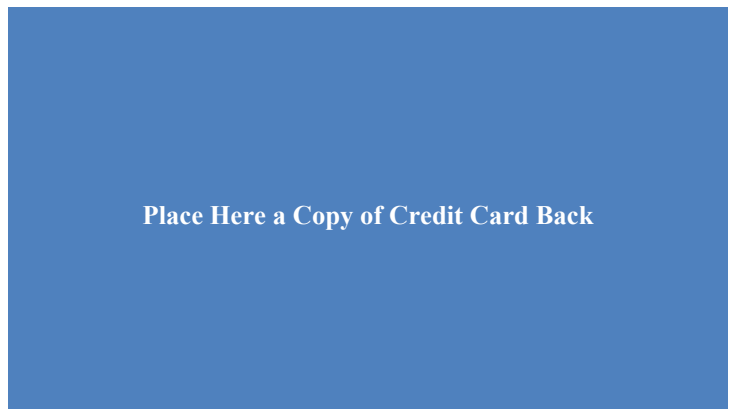
Signature: _____

Date: _____

You can place copies of your ID and Credit Card here, or attach their images separately with this form. Please email all to office@shautsova.com together with any documents you would like us to review at the consultation.



Place Here a Copy of Credit Card Front



Place Here a Copy of Credit Card Back