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Client Name: _____

Acct Number(s): _____

Please apply this payment to:

Beehive Job Number(s): _____

Beehive Inv. Number(s): _____

Other: _____



Card Number: _____ Exp. Date: ___/___

CREDIT CARD PAYMENT AUTHORIZATION FORM

Cardholder Name: _____ (please print)

Billing Address for Card: _____

City: _____ State: _____ Zip: _____

ACCOUNT INFORMATION

Telephone: _____

I hereby authorize Beehive Attorney Service, LLC to debit my credit card identified above:

In the amount of: \$ _____ (US dollars)

**Note: credit card may be run for more than what was quoted
for additional charges incurred while completing the job.**

Card holder's Signature: _____ Date: _____

(Beehive Use Only)

CREDIT CARD INFORMATION

Approval #: _____ Trans Date: _____ Initials: _____