



Colombo, Hurd
& Brandt, PL
IMMIGRATION ATTORNEYS

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TELEPHONE (407) 478-1111
FAX (407) 447-2488

PAYMENT /AUTHORIZATION INFORMATION

PLEASE CIRCLE ONE: VISA M/C DISCOVER

CREDITCARD#: _____

EXP DATE: ____ / ____

AMOUNT: \$ _____

CARD CODE: _____

INVOICE # _____ Enter invoice # if applicable, or enter FEES or COSTS if no invoice # is given. If costs, then enter a detailed Description of the type of Cost.

DESCRIPTION _____

CUSTOMER ID _____ - _____ OR CUSTOMER NAME: _____

CREDIT CARD HOLDER'S INFORMATION

FIRST NAME _____

LAST NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____

EMAIL _____

Authorized Signature: _____

By signing above I agree to authorize Colombo, Hurd & Brandt, PL to charge my credit card in connection with legal services, costs or other services provided. I further agree that in the event my credit card becomes invalid, I will provide Colombo, Hurd & Brandt, PL with a new valid credit card upon request to be charged for the payment of any outstanding balances owed to Colombo, Hurd & Brandt, PL.

Date: _____

Processed by: _____

Please fax back to 407-447-2488 or e mail to rhernandez@chb-law.com