

**Dr. A.T. Hodge Legal Services LTD**  
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Websites: [Godbrother.com](http://Godbrother.com) or [Godbrotherlimo.com](http://Godbrotherlimo.com)

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize and to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

\_\_\_\_\_, are Dr. A.T. Hodge Legal Services LTD, authorization charge my  
(Full Name)

credit card account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (Date)

\_\_\_\_\_  
(description of good/services)

Billing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Other
Cardhold Name: _____
Account Number: _____
Expiration Date: _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payments authorization is for the goods / services described above, for the amount indicated above only and is valid for one time use only. I testify that I am an authorized user of this credit card and that I will not dispute the payment made with the above credit card company as long as the transaction corresponds as the terms indicated in this form.

NO REFUNDS; NO CANCELLATIONS; ALL SALES AND DEPOSITS ON GOODS OR SERVICES ARE NON-REFUNDABLE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_