



SCHEDULE D: CREDIT CARD AUTHORIZATION FORM

Client Information

Client Name: _____

Company Name (if applicable): _____

Email Address: _____

Phone Number: _____

Billing Address:

Address: _____

City: _____ State: _____ ZIP: _____

Credit Card Details

Card Type: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on Card: _____

Card Number: _____

Expiration Date: ____ / ____

CVV Code: _____

Billing ZIP Code: _____

Authorization & Terms

By signing below, you authorize Kelly M. Davis & Associates, LLC to charge the above credit card for attorneys' fees and expenses associated with your matter(s).

This authorization applies to any matter you have with the Firm. Such charges can include but are not limited to:

- Legal fees for any open/ongoing matter(s);
- Retainers or existing balances where you request that the credit card on file be used; and
- Reimbursable costs or third-party fees

You will be provided with an invoice or billing statement identifying each charge prior to or concurrent with billing. If payments for any outstanding invoices are not made by the first day of the following month and any objections to charges are not made as required by the terms of the client's Agreement for Services with our firm, the Firm has the right to charge such a balance on the credit card listed in this authorization. The Firm also has the right to simultaneously charge any other fees/expenses that have been incurred and invoiced. For example: the client has not paid October's invoice, but November's invoice has been generated and transmitted, and there has been no written objection to any of the invoiced charges, the Firm has the right to charge both the October and November invoices to the credit card set forth above.

You may revoke this authorization at any time in writing, but revocation will not apply to any work performed prior to the Firm's receipt of any revocation.

Cardholder Acknowledgment

I certify that I am the authorized signatory of the credit card listed above. I understand that charges will be made in accordance with the terms contained within the parties' Agreement for Services (or this addendum). I agree not to dispute any charges that conform to the terms of this authorization and that such disputes will be invalid.

I agree that my signature on this document has the same force and effect as my signature on a credit card receipt.

Cardholder Signature: _____

Date: _____

Please return this form to Kelly M. Davis & Associates in person or via email: brandy@dallasconstructionlaw.com. If you have any questions, contact our firm at 972.434.8009.