

## CREDIT CARD DEBIT CLIENT INFORMATION

Name \_\_\_\_\_ LAL Rep. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) FAX ( \_\_\_\_\_ )

Cardholder Name \_\_\_\_\_

Card Type (Please check)  Mastercard /  Visa /  American Express

Credit Card No. \_\_\_\_\_ CSC \_\_\_\_\_

Expiration Date \_\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Ad Size:  Full Page  2/3 Page  1/2 Page  1/3 Page  1/6 Page  1/12 Page  Banner

Issue/Date \_\_\_\_\_

*I hereby authorize the above debit on my charge card to the Los Angeles County Bar Association.*

\_\_\_\_\_  
Signature Date

<p><b>FOR ACCOUNTING USE ONLY:</b></p> <p>AUTH. NO. _____</p> <p>REF. NO. _____</p>
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