



**Jeffrey D. Reynard**

Attorney at Law

35 E. Livingston Ave. ♦ Columbus, Ohio 43215 ♦ Phone: (614) 461-8080 ♦ Fax: (614) 228-6680

**CREDIT CARD PAYMENT**

Transaction Amount: \_\_\_\_\_

Case Number or Matter: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card type (Visa, MC, Amex, Disc): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

Address where statement received: \_\_\_\_\_

E-mail address (for receipt): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I hereby authorize, and/or have previously verbally authorized, Jeff Reynard to charge my credit card as detailed above. I further agree to pay the above total amount according to the card issuer agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Form may be faxed to (614) 228-6680**