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FL Supreme Ct. Certified Family Mediator

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## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Milien Law Practice to charge my credit card, listed below, in the amount of \$ \_\_\_\_\_, in connection with services either provided or to be provided by the firm.

Type of Credit Card:      Visa \_\_\_\_\_      MC \_\_\_\_\_      AmEx \_\_\_\_\_      Discover \_\_\_\_\_

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

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

Security Code (CVV): \_\_\_\_\_      Expiration Date: \_\_\_\_\_      Billing Zip Code: \_\_\_\_\_

Amount to be charged is:

- \_\_\_\_\_ one time
- \_\_\_\_\_ recurring with \_\_\_\_\_ occurrences authorized by this form

\_\_\_\_\_  
Signature of Cardholder Date

\_\_\_\_\_  
Printed Name