





# H BUI LAW FIRM

Family Law - Divorce - Custody - Trust & Estate - Civil

## Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, we offer credit card acceptance. The charge card information provided below will be filed with your confidential client information and kept secure. We offer this service for **Client Credit Card Charge Authorizations and Pre-Authorization for Auto-Pay.**

OPTIONS	<p>Initial <u>EBJ</u> (initial) I hereby authorize <u>H BUI LAW FIRM</u> to charge the balance currently due on my account for the amount of \$ <u>7,500</u>.</p> <p>_____ (initial) I hereby authorize <u>H BUI LAW FIRM</u> to charge \$ _____ per month towards the balance of my account automatically each month. Card will be charged the _____ of the each month for prior fees.</p> <p>_____ (initial) I choose to manually pay my account balance. Balance for legal services is due on the FIRST of each month. After the 15<sup>th</sup> of the month, balances are considered past due and will be charged a \$25 late fee. After 30 days, account balances will automatically be charged to the card on file.</p>
	<p>Name: <u>Eric B Jones</u></p> <p>Billing Address: <u>5634 Noel Drive, Temple City, CA 91780</u></p> <p>Type of Card: <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p>Card Number: <u>4342562530942497</u></p> <p>Expiration Date: <u>06/29</u> Security Code: <u>850</u> (three digits back of card, four on front of AMEX)</p> <p><b>The undersigned guarantees performance of the financial provisions of this agreement.</b></p> <p>Card Holder Name: <u>Eric B Jones</u></p> <p>Signed by: _____</p> <p>Signature of Card Holder: <u>Eric Brakebill Jones</u> Date: <u>11/4/2025   10:27:42 AM PST</u> 881D86B565C147F...</p>
	<p>Initial <u>EBJ</u> (initial) Being the authorized cardholder or the Corporate Officer, by signing above, I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request to be charged for the payment of any outstanding balances <del>owed</del>. I furthermore confirm that I have received all services and goods to satisfactory conditions.</p> <p><u>EBJ</u> (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment, any unused funds will be refunded within <u>30</u> days.</p>
CHARGE POLICY	

802 South 1st Avenue, Arcadia, CA 91006

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