

CREDIT CARD PAYMENTS

Client: _____

Client #/Matter #: _____

Amount Paid: _____

Type of Credit Card:

☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Credit Card #: _____

Expiration Date: ____/____ CSC #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please mail or fax completed form to Matthew Burns:

Matthew Burns
Fletcher Tilton PC
370 Main Street, 12th Floor
Worcester, MA 01608

or

Fax: 508.459.8371

Questions? Contact Matthew Burns at 508.459.8071

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