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Credit Card Payment Sheet
(Note, Credit Card Payments may be faxed to 740-284-1069)

Charge to which Credit Card?

- American Express
- MasterCard
- VISA
- Discover

NAME ON CARD: _____

Card No: _____

Expiration Date: _____

Security Code: _____

Amount Charged to Card: \$ _____

Date of Charge: _____

Billing Address on Card:

Cardholder agrees to pay to issuer total charges per the agreement between cardholder & issuer.

SIGNATURE OF CARDHOLDER

‡ Licensed to Practice Law in Ohio, Pennsylvania and West Virginia

**Practice Limited to Probate Matters, Estate Planning, Long-term Care Planning, Business Matters, Real Estate & Elder Law*