

New Client Application and Authorization to Charge a Credit Card

Firm Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Accounts Payable Contact _____

If granted credit, I/we agree to pay all invoices within the terms stated. It is also understood that carrying charges of 1 ½ % will be added to all past due invoices/statements. It is agreed that this Credit Agreement is negotiated in Los Angeles County, California. In the event of collection action, I/we agree to pay reasonable attorney's fees and all costs and expenses of collection, including collection agency fees.

Authorization to Charge a Credit Card

Your signature below authorizes Ronsin Litigation Support Services to use the specified credit card to pay for services rendered by them. The credit card information provided will be used as a guarantee of payment only. If you pay our invoice(s) within 30 days, your card will not be charged.

Visa

Mastercard

American Express

Card Number _____ Expiration Date _____

Name on card _____

Billing address for card (if different than above):

Address _____

City _____ State _____ Zip Code _____

I hereby declare that I am the holder of the above credit card or have been authorized to use this credit card by the holder of said card. This is my authorization for Ronsin Litigation Support Services, Inc. to charge the above, valid credit card for services provided.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Send email confirmation of credit card charge to: _____

Email address