



**RETURN FAX (210) 568 4435**

**FEES ARE CHARGED EACH MONTH AND NO CHANGES AT ALL TO ANY ACCOUNT ARE ALLOWED IF PAST DUE OR DELINQUENT.**

**BANK CARD INFORMATION**

VISA     MASTER CARD     AMERICAN EXPRESS     DISCOVER

NAME ON BANK CARD:

BANK CARD NUMBER:

EXPIRATION DATE:  NUMBER ON BACK OF CARD:

ADDRESS ASSOCIATED WITH THIS CARD:

**BY SIGNING BELOW I CERTIFY THAT THE ABOVE INFORMATION IS MINE. IN ACCORDANCE WITH MY CONTRACTUAL AGREEMENT & I AM HEREBY AUTHORIZING LEGALREVERSAL.COM® TO CHARGE THIS CARD MONTHLY FOR ADVERTISING FEES/COST. I AM AWARE THAT ALL TRANSACTIONS ON THIS CARD FROM THIS DAY FORWARD ARE NON-REFUNDABLE. I'M ALSO AWARE THIS DIRECTORY REQUIRES A VALID BILLING CARD ON FILE AT ALL TIMES.**

**NAME OF PRACTICE**

**PRINT YOUR NAME**

COPY OF BANK CARD

\_\_\_\_\_  
**SIGNATURE**                      **DATE**



**RETURN FAX TO (210) 568 4435**

**ATTENTION BILLING**