

**ATTORNEYS**  
Frank E. Morris  
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**PARALEGALS**  
Nancy Hull  
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Hannah Corcoran  
Katie Coleman  
**LAW CLERK**  
Ben Sockle

Client Name: _____	Date: _____
Name on Card: _____ (if different from Client)	Phone: _____
Card #: _____	Card Type: _____
Amount: _____	Expiration Date: _____
Cardholder Address: _____	V Code: _____
_____ Zip Code: _____	

I authorize Morris - Sockle to charge the credit card indicated on this authorization form.

This payment authorization is for one-time use for the amount indicated above. I certify that I am an authorized user of this credit card.

Authorized Signature: \_\_\_\_\_  
(Must be Cardholders Signature)

\*Credit card payments will not be processed without a signed Legal Services Agreement.