

**ATTORNEYS**  
Frank E. Morris  
L. Jeanne Sockle  
Benjamin Sockle



**Morris Sockle Law**  
*Innovative Legal Support*

**PARALEGAL**  
Korey Twombly  
**OFFICE ADMIN**  
Becca Vogt  
Brandy Nichols

3025 Limited Lane NW, Suite 210, Olympia, WA 98502

**Phone 360.866.7100 – Fax 360.866.6840**

## CREDIT CARD PAYMENT FORM

Client Name: _____	Date: _____
Name on Card: _____ <i>(if different from Client)</i>	Phone: _____ <i>(Cardholder phone #)</i>
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: \_\_\_\_\_ *Check here if Approved via: ☐ Phone ☐ Email*  
(Must be Cardholders Signature)

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