



PATCHES & LABELS CO.
A Division of Law & Law Consultants, Inc.

Credit Card Payment Form

Credit Card Type: _____ Visa _____ M/C
Credit Card Number: _____
Credit Card Expiry Date: _____ / _____ (month / year)
Name as appears on card: _____

Credit Card Billing Address:

First Name: _____
Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Country: _____

Phone: (_____) _____ - _____

Total Amount \$ _____

I hereby authorize Patches & Labels Co. to charge my credit card the amount stated above.

Cardholder's signature

Date: _____