

**CLIENT CREDIT CARD PROCESSING FORM**

**Please Fax 516-364-3186 or email this form to [Denisa@goKLG.com](mailto:Denisa@goKLG.com)**

|                               |                                     |                               |                                   |
|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|

Account Number: \_\_\_\_\_

Expiration Date (MMYY): \_\_\_\_\_

Amount: \_\_\_\_\_

CVC2 (security code): \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Name: \_\_\_\_\_ vs. \_\_\_\_\_

Payment on behalf of: (check one)     Participant     Spouse