



GENERAL BAR CREDIT CARD PAYMENTS

DATE: _____

NAME OF GB FIRM: _____

ATTORNEY CODE #: _____

AUTHORIZED BY: _____

CARD TYPE: MC VISA

CARD NUMBER: _____ EXP. DATE: _____

PAYMENT SCHEDULE: ONE TIME AUTO PAY / AN QR SA MO

RECEIPT REQUESTED: NONE EMAIL FAX

EMAIL: _____ FAX #: _____

AMOUNT AUTHORIZED: _____

AUTHORIZATION #: _____ DATE: _____