

LAW OFFICES OF THOMAS SCIACCA, PLLC

44 Wall Street, 10th Floor
New York, NY 10005
www.SciaccaLaw.com

Tel: (212) 495-0317
Fax: (646) 349-5795
Tom@SciaccaLaw.com

Type of Card _____
(Visa, MasterCard, Discover, Amex)

Card No. _____

Verification Code _____

Expiration Date _____

Billing Address _____

I hereby authorize Thomas Sciacca, PLLC to charge \$_____ to my credit card for payment of services rendered or to be rendered.

Name (Please print)

Signature

Date