

CREDIT CARD AUTHORIZATION FORM

FOR AUTO PAYMENT AND ONE-TIME PAYMENT AUTHORIZATIONS

Firm Name:		(hereinafter "FIRM")	
CIN Legal Account #:			
Email Address (For Payment Receipt):			
I, the Cardholder, hereby authorize CIN Legal Data Services, charge the credit card listed below (please select <i>one</i> of the			
 Once monthly to initiate automated monthly credit call understand that monthly credit card transactions will be trated. Whenever the date selected for payment below falls payment on the next business day. FIRM will continue to receive a monthly statement at the invoice remittance phrase will state "THE BALAN". Upon successful execution of each monthly credit can the email address on file for FIRM's account. OR - 	ansacted in accordance is on a day that is not a and invoice from COMP NCE DUE WILL BE CHAR ard transaction, COMP	with the following written instructions: business day, COMPANY will process the PANY. RGED TO THE CREDIT CARD ON FILE".	CO
Name of Cardholder (Please Print):			
Cardholder's Telephone Number:			
Mailing Address for Credit Card:			
City:	State:	Zip Code:	
Type of Credit Card: () Visa () MasterCard () Discover ()	American Express	
Credit Card Number:		Expiration Date:/	
CVV Code (3 digit code located on the back on the credit card	d):		
Payment Date (For Automatic Monthly Payments Only):	10 th 15 th	20 th 25 th	
Signature of Cardholder:		///	

PLEASE FAX THE COMPLETED FORM TO 800.947.1003 OR EMAIL* IT TO ACCOUNTING@CINLEGAL.COM.

*PLEASE BE ADVISED: Unencrypted email is <u>not</u> a secure form of communication and CIN strongly discourages Cardholders from returning the Form by email. Should Cardholder choose to email the Form despite this warning, he/she agrees to hold CIN harmless for any and all liability arising out of the Cardholder's use of unencrypted email for delivery of this Form.

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