

**Kirshenbaum Law Offices, P.C.  
Cherrytree Group, LLC**

**Credit Card Authorization Form**  
(Mastercard/Visa /Discover)

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| Credit Card #   |  |
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| Card Holder Name Exactly as it Appears on Card            |  |
| Billing Address<br>City, State, Postal Code               |  |

**Acceptance.** Your signature below indicates your authorization and acceptance of charges for legal services to Kirshenbaum Law Offices, P.C. to be charged to your credit card listed above.

Client: \_\_\_\_\_

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

Please fax completed form to (781) 239-8909 or e-mail to [info@kirshenbaumrealestate.com](mailto:info@kirshenbaumrealestate.com)