## THE KELLY LEGAL GROUP, PLLC ATTORNEYS AT LAW

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## **CLIENT INFORMATION**

Please take a moment to complete this form. All information is confidential.

Home Address:    Billing Address:	Name:						Date:		
Billing Address:  Home Tel.:  Mobile:  Home Fax:  E-mail:  Occupation:  Employer:  Address:  Tel:  Fax:  E-mail:  Spouse/Domestic Partner:  Please briefly describe the matter in which we will be representing you:  For Office Use Only  Attorney:  Matter Description:  (Hourly Rate) (Fixed Rate) (AOPA) Is this Adversarial?  Retainer:  Rate:  Pleadings binder:  Adverse parties (if company, include principals):	Home Addre	ess:							
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## **CREDIT CARD AUTHORIZATION**

I hereby authorize The Kelly Legal Group, PLLC to charge my credit card for payment of the invoice and for legal services I requested. I understand that service charges apply and will appear on my next invoice. All credit/debit card transactions are subject to a conveinance fee of 3% of the total charge, this fee is non-refundable.

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Cardholder:	
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Security Number: (3-digit # on back of card)	
Billing Address:	
Amount to be Charged & For payment of:	Retainer \$  Invoice # \$  Fixed Fee \$ per month starting on the 1 <sup>st</sup> day of the month
Authorized Signature:	
Date:	

Thank you for the opportunity to be of service. We look forward to assisting you.