

**Alcoba & Associates, P.A.**

3399 NW 72 Avenue, Suite 211  
Miami, Florida 33122  
Tel. (305) 362-8118 – Fax. (305) 436-7429  
[Alcoba@MiamiPatents.com](mailto:Alcoba@MiamiPatents.com)

**Credit Card Authorization Form**

The undersigned, hereinafter the payee, does hereby give written authorization to Alcoba & Associates, P.A., to prepare and submit a charge against the credit card account noted below. It is understood that this money will be applied to the customer's account as instructed.

<b>First name</b>	
<b>Last name</b>	
<b>Telephone number</b>	
<b>Facsimile</b>	
<b>Email</b>	
<b>Confirm Email</b>	
<b>Credit card type</b>	
<b>Name on credit card</b>	
<b>Credit card number</b>	
<b>Security code</b>	
<b>Expiration date</b>	
<b>Billing address of credit card</b>	
<b>City/State/Zip</b>	
<b>Amount</b>	

For (please check one box):  
Please explain services requested below or attach Retainer Agreement provided by Firm to this Payment Form:

One time non-refundable payment of \$ \_\_\_\_\_

or

All Invoices: monthly amount charged to vary with invoice amount

Payee, \_\_\_\_\_, authorizes Alcoba & Associates, P.A., to charge Payee's credit card as stated above. Payee is responsible for this charge and thereby agrees to all sales terms. All sales are final and irrevocable. In the event that any dispute arises between Payee and Alcoba & Associates, P.A., Payee agrees that this agreement shall be governed by and construed by the laws of the State of Florida and that proper venue will be in the courts of Miami-Dade County, Florida.

Signature of Payee: \_\_\_\_\_  
Print Name of Payee: \_\_\_\_\_ Date: \_\_\_\_\_  
Representing: \_\_\_\_\_