

**CREDIT CARD PAYMENT FORM**

File Number:

Client Name:

Amount:

Card Type: Visa

Card Number:

Security Number:  
(3/4 digits on the signature strip)

Start Date:  
(Switch & Mastero Only)

Expiry Date:

Cardholders Name:

Cardholders Billing Address:

Contact Telephone Number:

Date:

Cardholder not present (tick)

**Cardholder Signature** (if present):  
I authorise Saunders Solicitors LLP to charge my  
card with the above amount. The details  
above are correct to the best of my knowledge.

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Details: (What is the payment in respect of?)

ID Verified:

Fee Earner:

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**FOR ACCOUNTS STAFF ONLY:**

Processed at terminal by:

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|  |

Date:

Authorisation Number:

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|--|

Entered onto Sovereign by:

Date:

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