

Georgia Association of Criminal Defense Lawyers

215 Church Street
Suite 111
Decatur, GA 30030
(404) 248-1777 phone
(404) 248-1666 fax

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2021 GACDL CREDIT CARD FORM

Date of charge: _____

Name on card: _____

Name if different from name on credit card:

Amount of purchase: _____

Convenience fee: _____ Total: _____

Purpose: _____

Circle one: Visa Mastercard Discover Amex

Credit Card#: _____

Exp. Date: _____ CVV# _____

Payment Receipt Email: _____

Zip Code: _____

Cell Phone: _____

Date of Birth: _____

I agree to pay GACDL the amount above for the purpose above by credit card:

Signature: _____

GACDL Internal use only: Date Processed _____ Initial _____ Phone Order _____
