Kevin M. Flanagan Consulting, LLC

P.O. Box 611

Turnersville, New Jersey, 08012

Fax (856) 270-2666

E-mail: kevin@newjerseydwiexpert.com

The following is a credit card authorization form. Please check the preferred option and fill out the rest of the form. You may either fax the form to (856) 270-2666 or email a scanned copy.

Fee Schedule

Case Review Fees

Court Appearance

Additional Court Appearance (\$700 per day)
Drug/DRE Court Appearance (\$900) Additional Drug/DRE Court Appearance (\$800)
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Aftorney's Name:		 	
Client's Name:			
Street Address:			
City, State, Zip:			
eny, State, Zip,			
Phone Number			
Card Type:	1		

Card Type:	Mastercard	Visa	Discover
Card Number:			
Card Security Code (typical code on back of call	ally 3-digit rd)		
Card Expiration Da	ite:		
Name as it appears on the	ne card:		
Billing Address:			
Amount to be Charged: \$			

Signature of credit card holder for authorization.