



THE BAR ASSOCIATION OF
SAN FRANCISCO

Attorney/Client Fee Disputes Programs

CREDIT CARD CHARGE FORM

Petitioner's Name: _____

Respondent's Name: _____

Type of Card: / / Visa / / MasterCard / / American Express

Card Number: _____

Expiration Date: _____ Three or four digit security code: _____ Billing Zip: _____

I authorize payment of the BASF filing fee to my charge card listed above in the amount of \$ _____

Print Name: _____

Date: _____ Signature: _____

IMPORTANT:

Return this form with your Request for Resolution of a Fee Dispute only if you are charging your filing fee. Also, you only need to send one copy of this charge form. If you are paying the filing fee with a check, you do **not** need to complete or return this form.

Attorney/Client Fee Disputes
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