



**Mattleman, Weinroth & Miller, P.C.**  
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**CREDIT CARD AUTHORIZATION FOR DISCOVERY**

DATE:		REFERENCE:	
I, _____, authorize Mattleman, Weinroth & Miller, P.C. to charge my credit card with the following information:			
Credit Card Type: (Please check)			
<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD
<input type="checkbox"/>	AMERICAN EXPRESS	<input type="checkbox"/>	DISCOVER
<input type="checkbox"/>		<input type="checkbox"/>	DEBIT
<input type="checkbox"/>		<input type="checkbox"/>	DINERS CLUB
CREDIT CARD #:		SECURITY CODE:	
NAME ON CARD:		EXPIRATION DATE:	
BILLING ADDRESS:			
AMOUNT OF SALE: \$	FLAT FEE	RETAINER	PAYMENT
CLIENT NAME:			
FIRM ACCOUNT #:		EMAIL ADDRESS:	

\_\_\_\_\_  
SIGNATURE  
(SIGNATURE REQUIRED FOR PAYMENT PROCESSING)

TO BE FILLED OUT BY THE FINANCE DEPARTMENT
AUTHORIZATION #: _____

**WAIVER OF DISCOVERY**

By signing below, I acknowledge that my attorney has recommended that she obtain and review all evidence upon which the state intends to rely in prosecuting its case against me. I understand that I am entitled to obtain that evidence, called "discovery." I also understand that there is a cost to obtain discovery of \$35.00. BY SIGNING BELOW, I HEREBY WAIVE MY RIGHT TO OBTAIN DISCOVERY. I understand that if I later decide to obtain discovery, I will be responsible for attorney's fees, to be billed at my attorney's customary rate and to be paid PRIOR TO any subsequent court appearance, should my attorney be unprepared to proceed with my matter due to my waiver of discovery.

I, \_\_\_\_\_, waive my right to discovery.

\_\_\_\_\_  
SIGNATURE