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TELEPHONE CONSULTATION APPOINTMENT FORM

Please provide three dates and times between 11:00 AM and 7:00 PM (EST), Monday through Friday, when you will be available for a consultation:

CREDIT CARD AUTHORIZATION

(Currently we accept Amex, Visa and Master Card)

Name of Client: _____

Name of Card Holder: _____

Address (include zip/postal code): _____

E-mail Address: _____

Telephone Number: _____

Credit Card No.: _____

Expiration Date: _____ Authorization Code: _____ (3 digit code on back of card)

Amex 4 digit control number on the front of the card _____

Amount Authorized: \$100 (Plus a 4% surcharge for all credit card transactions)

By submission of this form, I hereby certify and affirm that the information supplied above is true and accurate. In addition, I understand that a telephone consultation is NOT free and I am authorizing to place charges on the listed credit card. I understand that knowingly supplying false or misleading information may result in my consultation request cancelled, and I will forfeit any and all funds that may be paid to M.C. Law Group, LLP pertaining to the consultation. I acknowledge that payment is for the time, effort, and/or expertise of M.C. Law Group, LLP and/or its associates and not directly for a particular result in a case. I further understand that submission of this form does not create an attorney-client relationship beyond the half hour consultation. Once a appointment has been scheduled, and agreed upon with the client, and then at the time of the scheduled call the client is not available, the fee for the appointment will be charged to the credit card provided and there is NO REFUND, as the client is paying for the time allocated to the client for the appointment, which was confirmed by the client at the time of scheduling the phone consultation.

Name of Client: _____

Signature of Client: _____ Date: _____