



Helping You Keep More of What You Earn

Credit Card Authorization Form

Client: _____ Date: _____

Service Type: _____ Amount \$ _____

Credit Card Type:

Visa MasterCard Amex Discover Other: _____

Credit Card # _____ LTD# _____

Expiration Date: _____

Billing Address: _____

Telephone Number: _____

Email Address: _____

Authorized Signature: _____

****Confirmation of payment will be sent via Email****

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