

STANDARD CREDIT CARD AUTHORIZATION FORM

CREDIT CARD TYPE

Visa/MasterCard American Express Discover

CREDIT CARD INFORMATION

Card Number: _____

Expiration Date: _____

Security Code on card: _____

Invoice Amount to Pay: _____

Cardholder Name: _____

Company Name (If Corporate Client): _____

Cardholder Address: _____

City/State/Zip Code: _____

Country: _____

Telephone: _____

I hereby authorize Wilklow & Associates CPA PC to charge the above credit card for services performed by Wilklow & Associates, CPA PC. I acknowledge that I have received the work performed.

Authorized signature: _____

Date: _____