

PAY BY CREDIT CARD AUTHORIZATION

Print and Complete this form and send: • By Fax to: (866) 323-8250

CLIENT INFORMATION

Business Name: _____

Address: _____

Type of Service you are Paying for:

- Bookkeeping: Amount: \$ _____ For the Month(s) of: _____
- Fuel Tax/IFTA: Amount: \$ _____ For the Month(s) of: _____
- BPM/CollectAR: Amount: \$ _____ For the Month(s) of: _____
- Full Year Service: Amount: \$ _____ For the Bus Year _____ to _____
- Others: _____ Amount: \$ _____ For: _____

Telephone - Home: _____ Office: _____ Cell: _____

Fax Number: _____ Email Address: _____

CREDIT CARD PAYMENT/BILLING INFORMATION

Name as it appears on The Credit Card _____

Credit Card Number: _____ Credit card Type: VISA MasterCard

Expiration Date: _____ CSC Number: _____
(This is the last 3 numbers on the back of your card.)

Credit Card Billing Address: _____

City: _____ State or Province: _____ Postal Code or Zip Code: _____

Cardholders Signature: _____

OFFICE USE SECTION

Card Authorization Number: _____ Authorization Date: _____



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