MICHAEL S. SARABJIT, CPA

CREDIT CARD/DEBIT PAYMENT AUTHORIZATION FORM

I _____ Authorize _____ to charge my credit card

(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown. REFERENCE _____

AMOUNT: $_____USD. ATTACH RECEIPT HERE

CREDIT/DEBIT CARD TYPE Visa ( ) Mastercard ( ) American Express ( )

CREDIT/DEBIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

TELEPHONE # _____

BILLING ADDRESS _____

_____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

_____ _____

SIGNATURE DATE

FAX OR MAIL TO:

MICHAEL S SARABJIT, CPA
269 N. University Drive, Suite I
Pembroke Pines, FL 33024
Phone: (954) 893-1399 • Fax: (954) 337-0250
Email: info@sarabjitcpa.com

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: