

## Credit Card Authorization Form

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Type of Credit Card:    Visa    MasterCard (Circle One)

I, \_\_\_\_\_ (full name as appears on the credit card)

authorize Professional Tax Service to charge my credit card for monies I owe Professional Tax Service for services rendered in preparation of my tax return.

### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_

Date

**Tax returns will not be filed until payment is received in full.  
Thank you**