

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**