



**Professional Accounting & Tax Services Inc.**

**CREDIT CARD CHARGE AUTHORIZATION FORM**

74-09 37<sup>th</sup> Ave Suite# 309  
Jackson Heights NY 11372  
Ph.: 718-446-4847 – Fax: 718-228-4848

**CUSTOMER INFORMATION ( PLEASE FILL THIS OUT FOR ALL CHARGES )**

Client Name : \_\_\_\_\_

Client File Number : \_\_\_\_\_ or New Client (Circle if new client)

Daytime Telephone : \_\_\_\_\_

**ONE-TIME CHARGES**

I hereby give permission to Professional Accounting & Tax Service to charge my:

\_\_\_ **Master Card**

\_\_\_ **Visa**

\_\_\_ **American Express**

\_\_\_ **Discover Card**

\_\_\_ **Debit Card**

One time in the **AMOUNT** of \$ \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Three Digit Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST HAVE A SIGNATURE**

**FAX TO: 718-228-4848**  
**Attention: Accounts Receivable**