

Barbara E. Sage, CPA, PC

CREDIT CARD AUTHORIZATION FORM

This Form Must be Filled Out Completely

Cardholder Information:

First Name

Last Name

Billing Address

Apartment Number

City

State

ZIP or Postal Code

Daytime/Work Phone

Email Address

Evening/Home Phone

Cell Phone

Credit Card Information:

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Credit/Debit Card Number (16 digits)

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CVV Code (AmEx requires 4 digits)

Expiration Date (Mo/Yr)

Visa

M/C

Disc

AmEx

\$ _____ *

Amount Authorized to Charge

Please check if you would like an emailed receipt after we process your payment

I agree to pay the above total amount according to the card issuer agreement

Cardholder's Signature

Date

Now Accepting*



*Some fees may apply