



professional tax resolution

Credit Card Authorization Form

Cardholder Name

Today's Date

Cardholder Address

Street

City/State

Zip

Billing Address

Street

City/State

Zip

Select

Visa

MasterCard

AMEX

Discover

This a commercial card

Yes

No

Credit Card Number

Expiration Date

Card Security Code

(three or four digit security code)

Please select from the following payment options:

One Time Charge

In the amount of:

\$ _____ . ____

Recurring Charges

Please retain this information for future billing:

I _____ agree that all above information is accurate and complete. I further authorize BCH Consulting, Inc. to use my Visa/Master card for services rendered.