

Credit Card



Authorization Form

Name	
Corporation Name <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> OTHERS	
Cardholder Name	
Card Number	
Expiry Date	CVV (3 digit no.)
Billing Address	

I authorize Balbir CPA Professional Corporation to charge my credit card & account number listed above. I understand payment for my current invoice will be charged to my credit card at the time of billing. I further authorize the above listed credit card company to accept this letter in lieu of my signature.

PERSON AUTHORIZING

Name	Signature	Date
Telephone	E-mail	

Notes
