

Credit Card Authorization Form

Company or Personal Name on Invoice _____

Client Number _____ Invoice Number(s) _____

Type of Credit Card: Master Card Visa Discover

Card Number _____

Card Expiration _____ CVV2 Code _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature

This is a one time payment in the amount of \$ _____

Please bill my credit card each time I am billed and:

Call me each time before billing my credit card & mail my receipt.

Do not call me- just mail my receipt.

Other Instructions: _____

Please sign & return to:

Billing Department, Loggins & Associates

Fax: 770-692-2674

Email: info@logginscpa.com