

## Credit Card Authorization Form

Company or Name on Invoice: \_\_\_\_\_

Client Number: \_\_\_\_\_ Invoice Numbers: \_\_\_\_\_

Type of Card:  MasterCard  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 invoiced and:

Call me before running my credit card

Do not call me before running my credit card

Email my receipt to: \_\_\_\_\_

Mail my receipt

**Please sign & return to:**

Pamela Burnett, Loggins Kern & McCombs

Fax to: 678-788-7462

or

Email to: [pam@logginscpa.com](mailto:pam@logginscpa.com)



**LOGGINS KERN & McCOMBS**

CERTIFIED PUBLIC ACCOUNTANTS