

CREDIT CARD AUTHORIZATION FORM

CARD TYPE

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER

V CODE (if applicable)

EXPIRATION DATE

MONTH: _____

YEAR: _____

AMOUNT

CARDHOLDER INFORMATION

NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

AUTHORIZATION

CUSTOMER AUTHORIZES QA ACCOUNTING SOLUTIONS TO CHARGE THE ABOVE CREDIT CARD IN THE AMOUNT STATED ABOVE.

DATE: _____

X

CARDHOLDER SIGNATURE

Please fill out, print, sign and fax this form to
(818) 853-2335 to submit authorization.
You may also scan and email the completed form
to **info@qaaccounting.com**