



CREDIT CARD AUTHORIZATION FORM

Date ___/___/20___

I _____, authorize Pro Bookkeepers Inc. to charge my
(NAME)
credit card for services rendered for the amount shown below.

REFERENCE _____

AMOUNT \$ _____ USD.

One time use Date ___/___/20___

Recurring basis to be charged on the _____th of each month starting ___/___/20___

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

EMAIL OR FAX TO:
PRO BOOKKEEPERS INC.
denise@probookkeepers.com
Fax (516)908-7700

NOTES: