

PATRICIA A. BECKWITH

CERTIFIED PUBLIC ACCOUNTANT



CREDIT CARD AUTHORIZATION FORM

Cardholder Name \_\_\_\_\_

Amount of Invoice \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CVC \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Zip Code \_\_\_\_\_

Email \_\_\_\_\_

I authorize Patricia A. Beckwith, CPA to charge the card above for professional services rendered. This authorization remains in effect unless cancelled in writing. I understand the applicable terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date