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Credit Card Authorization

IF YOU WISH TO PAY USING CREDIT CARD, PLEASE COMPLETE THE FORM BELOW AND FAX TO: 1-888-501-3005.

BILLING:

NAME: _____

ADDRESS: _____

_____ **ZIP** _____

TELEPHONE/CELL#: _____

TYPE OF CREDIT CARD: MasterCard

 VISA

 Discover

ACCOUNT#: _____

CREDIT VERIFICATION CODE: (3 digit code located on the back of the credit card in the signature line after your account number) _____

EXPIRATION DATE: ___/___

AMOUNT AUTHORIZED TO CHARGE: \$ _____

DATE: _____

SIGNATURE: _____