



**Credit Card Authorization Form**

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_

As the Individual card holder, I hereby authorize this card to be used for payment of current and future invoices and any required payments related to my account at Summit Consulting Group, LLC.

As the company representative, I hereby authorize this card to be used for payment of current and future invoices and any required payments related to my account at Summit Consulting Group, LLC.

**Credit Card Information:**

Name as it appears on the Card: \_\_\_\_\_

Type of Card:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Security Code BACK of Visa OR Master Card: (3 digits) \_\_\_\_\_

Security Code FRONT of Amex Card: (4 digits) \_\_\_\_\_

**Payment Authorization Schedule**

**One-time Payment** Payment Amount: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

**Recurring debit** every: \_\_\_\_\_  Day (s)  Week(s)  Month(s)

Start Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

End Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Transaction Fee: \$ \_\_\_\_\_

Number of Payments: \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_

**Credit Card Billing Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder or Company Representatives Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby authorize this card to be used for payment of future invoices recorded for my account

Please sign again for future authorizations:

X \_\_\_\_\_

*This Authorization can be faxed to 702-732-3337, emailed to [info@summit-cpa.com](mailto:info@summit-cpa.com) or mailed to the address below:*