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CREDIT CARD CHARGE AUTHORIZATION FORM

Visa, Master Card, American Express, Discover

Please complete, sign and return by fax, e-mail or the client's portal at www.411taxes.com

I, CARDHOLDER _____

AUTHORIZE TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ _____

FOR (DESCRIPTION OF SERVICE) _____

CARD (PLEASE CHECK ONE)

- American Express
- Discover
- MasterCard
- Visa

CREDIT CARD NO. _____

EXPIRATION DATE _____ / _____ CID (Security number on back of card) _____

CARDHOLDER'S BILLING ADDRESS _____

City: _____ State: _____ Zip: _____

PHONE _____ EMAIL _____

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE TERMS LISTED ABOVE

SIGNATURE: _____ DATE: _____