



GILLIAN BREAKSPEARE, CPA
MS ACCOUNTING

STEPHEN P CALLAGHAN, FCA

FL INSTITUTE OF CPA'S
CERTIFIED QUICKBOOKS
PRO ADVISOR



Credit Card Authorization Form

Name as appears on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

By signing this form, you authorize _____ to charge your card for the amount listed above.

Signed: _____ Date: _____

**Please once signed and filled out.

Return to us via, email to clientservices@lbcpa.com or by Fax at (305) 599-0831.