

# Credit Card Payment Authorization

You authorize regularly scheduled charges to your Credit Card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize I & S Tax Service LLC to charge my Credit Card below for \$\_\_\_\_\_ beginning on \_\_\_\_\_ (Date) every month.

Goods / Services Rendered: \_\_\_\_\_

## Billing Details

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Credit Card Information

- Visa  - MasterCard  - AMEX  - Discover

Cardholder's Name - \_\_\_\_\_

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

Expiration Date - \_\_\_\_/\_\_\_\_

Security Code (CVV) - \_\_\_\_

**Individual's Signature** \_\_\_\_\_ Date \_\_\_\_\_