

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Last four digits of card number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize **Ameri-Tax and Multi-Services, Inc.** to charge the credit card listed above for agreed-upon purchases. I understand that my payment information will be securely kept on file for future transactions related to my account.

I acknowledge that I must contact Ameri-Tax and Multi-Services, Inc. at least **24 hours prior to my scheduled appointment** to reschedule or cancel. If I fail to provide notice and do not arrive within **one (1) hour after** of my scheduled appointment time, I authorize a **\$50.00 no-show fee** to be charged to the card listed above.

Customer Signature

Date