



Client Credit Card Authorization

FMA, C.P.A.
2641 McCormick Dr. Ste. 103, Clearwater, FL
33759

You can request to have your credit/debit card charged for services and products you purchase from FMA, C.P.A. Please complete the following information if you would like to have your invoice paid by Visa, MasterCard, Discover Card, or American Express. By completing and signing this form, you authorize FMA, CPA to charge the amount of your invoice to the credit/debit card you've selected below.

Please circle your card type, fill in your name, company name (if applicable), account number and expiration date as it appears on your card:

Card Type: VISA MasterCard Discover Card AX

Credit / Debit Today's Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code (3 or 4 digits) \_\_\_\_\_

Card Member Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Invoice/Charge Amount or Limit: \_\_\_\_\_

Card Member's Signature: \_\_\_\_\_

By signing this form, you authorize FMA, C.P.A. to charge to your credit/debit card the amount indicated above. Also, you agree to pay this amount according to the terms of your credit/debit agreement.

Please fax the completed form to our office or mail it to us. Upon receipt of this form the amount Indicated will be charged to your credit/debit card. Please call us at 727-530-0036 if you have questions or you would like to pay your invoice by telephone.

Thank you.

Office Use

Invoice #: \_\_\_\_\_ Client Code/Name: \_\_\_\_\_