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CREDIT CARD AUTHORIZATION

I, _____, authorize CPA Solutions, Inc. to charge my credit card for services provided, in the amount below.

CONTACT NAME _____

EMAIL ADDRESS _____

REFERENCE (INVOICE NUMBER) _____

AMOUNT \$ _____ USD

CREDIT CARD TYPE _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD _____

BILLING ADDRESS (INCLUDING ZIP CODE) _____

SIGNATURE _____

Further, I authorize CPA Solutions, Inc. to keep my credit card information on file for future use.