



FAX  
(775) 853-6721

## Credit Card Authorization Form

Payment Authorization

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS CHECK OR CREDIT CARD

COMPANY NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

I (we) do hereby authorize Burnett & Associates, Inc. hereinafter called COMPANY, to initiate debit/ credit entries to my (our) checking account indicated below. The depository financial institution named below, hereinafter referred to as BANK will receive and debit/ credit the same entries to my (our) such account.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Card Address \_\_\_\_\_

Card Zip Code \_\_\_\_\_

C/Card Type \_\_\_\_\_

C/Card No. \_\_\_\_\_

Expires \_\_\_\_\_ Code \_\_\_\_\_

PAYMENT TERMS \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_