



## Credit Card Billing Authorization Form

### Credit Card Billing Information:

Name on Credit Card: \_\_\_\_\_

Credit Card Type: Visa ( ) MasterCard ( ) Amex ( ) Discover ( ) Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

CVC Number: \_\_\_\_\_ (last 3 digits from the back of the card or 4 digits from face of card)

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

City: \_\_\_\_\_

State/Providence: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

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

Email address: \_\_\_\_\_

I authorize Barlow Douglas & Hall CPAs, PLLC to bill my credit card for \$\_\_\_\_\_ for the following services they are providing to me and my business:

\_\_\_\_\_  
\_\_\_\_\_

By signing below I confirm that I am the individual listed on the above credit card and am authorized to allow Barlow Douglas & Hall to make a reoccurring charge on this card for the above services.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Experience the Barlow Douglas & Hall Difference!  
[www.bdhcpas.com](http://www.bdhcpas.com)

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