

CULPEPPER AND ASSOCIATES

CREDIT / DEBIT CARD PAYMENT AUTHORIZATION FORM

APPLICANT INFORMATION (AS IT APPEARS ON CREDIT CARD)

Company Name: _____

First Name: _____ Last Name: _____

BILLING INFORMATION

Credit Card Mailing Address: _____

City: _____ State: _____ Zip: _____

CREDIT / DEBIT CARD INFORMATION & AUTHORIZATION

Check One: ___ VISA ___ MASTERCARD ___ DISCOVER

Card #: _____

Card Expiration Date: _____ 3 Or 4 Digit Code: _____

DISCOVER – FRONT OF CARD
VISA & MC – BACK OF CARD

I AUTHORIZE CULPEPPER AND ASSOCIATES INC AND ITS AUTHORIZED CREDIT / DEBIT CARD TRANSACTION AGENT(S) TO BILL MY CREDIT/DEBIT CARD ACCOUNT FOR PAYMENT OF ACCOUNTING, BOOKKEEPING AND TAX SERVICES. I UNDERSTAND THAT IF I HAVE CONTRACTED TO BE PROVIDED MONTHLY (RECURRING) BOOKKEEPING, PAYROLL, TAX AND/OR CONSULTING SERVICES, THAT I WILL BE AUTO-CHARGED ON THE 1ST OF EACH MONTH FOR THOSE SERVICES.

Signature: _____ Date: _____