



Credit Card Authorization Form

I, _____ (cardholder's name), hereby authorize Cordasco & Company, P.C. to make a single charge on my credit card account in the amount of \$ _____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address (if different than invoice billing address):

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

For your convenience, you may choose to allow Cordasco & Company, P.C. to keep this credit card on file to be charged for future services.

I understand Cordasco & Company, P.C. will send me an invoice of any amounts due and ONLY upon approval by me will charge the above credit card for those services.

_____ Yes, please keep my credit card on file for future reference.

_____ No, please do not keep my credit card on file.

Cardholder's Signature

Signature

____/____/_____
Date