



CREDIT CARD AUTHORIZATION FORM

GENERAL INFORMATION

Date _____

Invoice Numbers _____

First Name _____

Last Name _____

The card is Personal | Business

Business Name _____

Card Number _____

Visa | Mastercard | Discover | Amex

Expiration Date _____

3-Digit CVC Code _____

Transaction Amount _____

Billing Address _____
City _____
Zip Code _____

Phone _____

Accountant _____

FOR OFFICE USE ONLY

WE APPRECIATE YOUR BUSINESS. Thank you for allowing us to serve you this year.

Pace Accounting & Tax Services, Inc.

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