ABJ & Associates, Inc.
1514 Imlay City Rd, Lapeer, MI 48446
(810)667-3261 fax (810)667-2878 amy.jack@abjtax.com

Visa/Mastercard Authorization

CREDIT AUTHORIZATION FORM

Customer name:_____

Amount to be charged:_____ Date to charge:_____

Name on card:_____

Credit Card number: | | | | | | | | | | | | | | | |

Expiration Date: | | / | |

V-code | | |

Billing address associated with card:

House/Box number: | | | | | | | |

Zip Code: | | | | | - | | | | |

Authorization

Signature: _____ Date: _____