

Credit Card Authorization Form

I, _____ authorize DiSalvo & Associates, PLLC to charge my
credit card # _____

for services performed.

\$ _____

One Time Charge Recurring Monthly Fee on the 1st of every month
 As Per Engagement Letter

Signature

Printed Name: _____ Title: _____

Expiration Date: _____

CVV CODE: _____

Billing Address: _____

Email: _____

Please fax this form to: (561) 659-1197

Thank you for your business!