



PBC

Accounting and Tax Services Corp.

Credit Card Authorizaiton Form

Print and complete this authorization form and return.
All information will remain confidential.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____

Credit Card Number: _____

Security Code: _____ (on back of card)

Expiration Date: _____

I authorize PBC Accounting & Tax Services Corp to charge the credit card listed above. I agree to pay for this service/purchase in accordance with the issuing banks cardholder agreement.

Signature: _____

Print Name: _____

Date: _____

Please return the completed and signed form to the following emails:

Peter@pbctaxes.com

Massiel@pbctaxes.com

9700 S Dixie Hwy Suite 930

Miami, FL 33156