

## *Credit Card Authorization*

I authorize the Buchwald Tax Firm P.A. to charge my credit card in the amount of \$ \_\_\_\_\_ and other such amounts as outlined in the agreed to engagement letter.

Card Type: (circle) MasterCard Visa American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name Exactly As It Appears on Card: \_\_\_\_\_

Billing Address:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you.*

*Please Fax To 1-954-603-0578*