

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