

Credit Card Authorization Form

Date: _____

I, _____, hereby authorize Moyer & Patton LLP, to charge my credit card account in the amount not to exceed: \$ _____.

VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Credit Card Billing Address:

Street:

City:

State:

Zip Code:

Telephone:

Other:

Cardholder's Signature

____/____/____
Date

Your completion of this authorization form helps us to protect you, our valued clients, from credit card fraud. MoyerPatton will keep all information entered on this form strictly confidential.