

TAX SOLUTIONS ATLANTA/USA, INC.

Credit Card Authorization Form

I, _____, hereby authorize Tax Solutions Atlanta/USA, Inc., to charge my credit card for below services:

Company Name: _____

DISCOVER / VISA / MasterCard only

Credit Card Number:

Services Performed : _____

One Time Charge Amount \$ _____

Expiration Date: ____ / ____ SEC Code: _____
(3 digits /back of cc)

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Telephone: () _____

Fax: () _____

(a fax number or email is required)

Email: _____

Cardholder's Signature _____ **Date** _____

As the credit card holder, I also authorize Tax Solutions Atlanta/USA, Inc., to charge my credit card for future purchases verbally (or written) approved by me. Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Tax Solutions Atlanta/USA, Inc. will keep all information entered on this form strictly confidential.

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