

David L. Buterbaugh, P.C.

CERTIFIED PUBLIC ACCOUNTANT

8040 E. Morgan Trail • Suite 15 • Scottsdale, AZ 85258-1211 • 480 905-3640 • FAX 480 905-3642

CREDIT CARD PAYMENT AUTHORIZATION

I/we, the undersigned, hereby authorize David L. Buterbaugh, P.C. to process my credit card indicated below as specified by the payment schedule agreed upon below, to cover payment to David L. Buterbaugh, PC for outstanding charges for accounting services rendered to me under the terms and conditions set on this form. I/We acknowledge that this constitutes delivery to me/us to the above noted credit card information. I understand that interest will continue to accrue at an annual rate of 18% (1.5% per month.)

Client # : _____ Client Name: _____ Invoice No: _____
Client # : _____ Client Name: _____ Invoice No: _____
Client # : _____ Client Name: _____ Invoice No: _____

Total Amount: _____

Credit Card Information

Visa Mastercard American Express
3 Digit Code: _____ 4 Digit Code _____

Name as appears on card: _____ Company: _____

Account #: _____ Exp. Date: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

X _____
Signature

X _____
Date

Thank you for your payment! Please retain the credit card transaction receipt processed for your records! We appreciate your business, and please let us know if we can be of further assistance to you in the future! If you have any questions, comments, or concerns please do not hesitate to contact us @ 480-905-3640.

Thank you,
David L. Buterbaugh, PC