



# DISALVO & ASSOCIATES, PLLC

*CERTIFIED PUBLIC ACCOUNTANTS - BUSINESS ADVISORS*

## Credit Card Authorization Form

I, \_\_\_\_\_ authorize DiSalvo & Associates, PLLC to  
charge my credit card # \_\_\_\_\_

for services performed.

\$ \_\_\_\_\_

One Time Charge

Recurring Monthly Fee on the 1<sup>st</sup> of every  
month

\_\_\_\_\_  
*Signature*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

CVV CODE: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Please fax this form to: (561) 659-1197

Thank you for your business!