

D E V I S S E R G R A Y L L P

C H A R T E R E D A C C O U N T A N T S

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CREDIT CARD PAYMENT AUTHORIZATION FORM

<u>Client Information</u>			
Client:			
Client number:			
Address:			
Phone number:			
Fax number:			
<u>Payment Information</u>			
Invoice number:		(If applicable)	
Payment amount:	\$		
Card type (check one):	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Card number:			
Expiry date:			
Name on card:			
<i>I / we authorize De Visser Gray LLP Chartered Accountants to charge my / our credit card as indicated above.</i>			
Signature of authorization:			
(De Visser Gray use only)			
Date of payment:			
Receipt of payment signature:			