

# 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