



Credit Card Authorization Form

To authorize us to use your credit card for a payment please complete the form below and return a signed copy to one of the following:

E-mail: bkurtz@barrykurtzpc.com
 Fax: 818-986-4474
 Telephone: 818-827-9229

Invoice Number			
Amount to Pay			
Name on Credit Card			
Billing Address			
Billing Address Line 2			
City		State	
Zip Code for Card Billing Address			
Card Type	<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover		
Security Code	_____ 4-digits for Amex; 3-digits for all others		
Expiration Date	____ - ____ (MM-YYYY)		
E-Mail Address			
Telephone Number			
Signature			

By signing above, you hereby authorize Barry Kurtz, A Professional Corporation, to charge your credit card for the services provided as payment of the referenced invoice.