



CREDIT/DEBIT CARD AUTHORIZATION FORM

Name on Card: _____ Date: _____

Card No: _____ Exp. Date: _____ CVV _____

Amount authorized: _____ Invoice No. _____ (*Optional*)

By signing this form I authorize Reynol Cobreiro d.b.a. Cobreiro Bookkeeping & Tax Services to charge from my credit/debit card the amount detailed above as payment for their services.

Print Name: _____ Signature: _____

Remarks: