

# W.C. Tax and Consulting Service Inc.

## 威成會計稅務公司

1884 86<sup>th</sup> Street 2Floor, Brooklyn NY 11214  
Tel: 917 933 9333/ 917 933 9332 Fax: 718 709 5922

### Credit Card Payment Authorization Form

Sign and complete this form to authorize **W. C. TAX & CONSULTING SERVICE INC.** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I \_\_\_\_\_ authorize **W. C. TAX & CONSULTING SERVICE INC.** to charge  
(full name)  
my credit card account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This  
(amount) (date)  
payment is for \_\_\_\_\_.  
(Description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: Visa MasterCard AMEX Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Sincerely,

W.C. Tax and Consulting Service Inc.  
Tax Preparation & Planning  
IRS Audit & Collections Representation  
Tel: 1917 933 9333/ 1917 933 9332  
Fax: 1718 709 5922  
1884 86th Street 2Floor  
Brooklyn, NY 11214