

# JANET M. BELL, CPA, PC

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## Credit Card Authorization Form

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Complete the information listed below and fax or email our office.

I, \_\_\_\_\_, credit card holder hereby authorize  
Janet M. Bell, CPA, PC to charge my credit card to pay as follows:

\_\_\_\_\_ VISA                      \_\_\_\_\_ Mastercard

\_\_\_\_\_ Payment(s) in the amount of \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

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

CVC Code(last three digits of the number on the back of  
card) \_\_\_\_\_

Bank Name \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Card holder's Signature \_\_\_\_\_

Date \_\_\_\_\_