

BERNARD & ASSOCIATES, P.C.

Credit Card Authorization Form

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ / _____ Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize

Bernard & Associates, P.C.

to charge my credit card above for agreed upon purchases itemized below:

ITEM: _____ Price: \$ _____ Quantity: _____

ITEM: _____ Price: \$ _____ Quantity: _____

ITEM: _____ Price: \$ _____ Quantity: _____

ITEM: _____ Price: \$ _____ Quantity: _____

An online processing fee will be added to my total.
My information will **not** be saved for future transactions on my account.

Customer Signature

Date

Thank You for your purchase!

Return this form to:

Shipping Address:

Sam@BernardAssociatesPC.com