

Credit Card Authorization Form			
Name of Client:			
Exact Name(s) on Card:			
Invoice #: or Retainer:		Amount 2% Surcharge Total Amount **	\$ \$ \$
Type of Card: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit Card (no surcharge)			
Card No.: _____		Expiry _____ / _____ Date: mm / yy	CVV #: _____
Email		Phone #	
Billing Address of Credit Card	Address		City
	Prov/ State & Country		Postal/ Zip Code

**I authorize Andersen LLP to charge my credit card the amount above including 2% surcharge.

Signature

Date

AND/OR (OPTIONAL METHOD FOR FUTURE PAYMENTS)

**I authorize Andersen LLP to charge my credit card, only after email authorization, which will be considered to be the same as a signature authorization on file until such time it is revoked in writing.

Signature

Date

Please upload the completed Credit Card Authorization Form to your Client Portal, or fax to 604-448-9294 or 1-888-418-8379.

To be completed by Andersen LLP		
Client ID:	Authorization #:	
Date Processed:	Processed by:	Posted by:

