

CREDIT CARD PAYMENT AUTHORIZATION
TO DON D. NELSON, ATTORNEY, C.P.A.

Invoice No: _____
Cardholder Name: _____
Phone No: _____ Fax No: _____
Credit Card Billing Address: _____
City _____ State _____ Zip _____
Country _____ Email address: _____

(check type of card)

Visa () Mastercard () American Express () Discover ()

Item or Service Purchased: Tax, legal or consulting Services Including: _____

Authorized amount to Charge to Card: \$ _____ (please add 2% credit card fee)

Card No.																				
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Card Expiration Date	Month:	Year:
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Security Code:				
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(3 digits for Visa, MC, and Discover. These digits are printed on the signature strip on the back of the card after the credit card number. 4 digits for American Express printed on right side of card above the last four card number imprinted numbers)

I authorize this charge against my credit card for the services indicated.

Date: _____
_____ (Signature)

Please complete all blanks, sign, date and fax back to (949) 218-6483. You may also email a scanned .pdf or .gif copy containing your signature to our email address below. Your copy of this form will serve as your receipt. Thank You.

Mail address: 34145 Pacific Coast Highway #401
Dana Point, CA 92629-2808 USA
Phone (949) 481-4094
Email: dondnelson@yahoo.com