



◇ *Small Business & Individual Tax Services* ◇
◇ *Small Business Management & Virtual Support Services* ◇
◇ *Payroll Processing, Bookkeeping and More* ◇

Credit Card Payment Authorization Form

Please fax this completed and signed form back to (866) 225-3943.

Please Check One: ___ Visa ___ Mastercard ___ Other _____

Credit or Debit Card #: _____

Exp. Date on Card (mm/yr): _____

3 digit Security Code on back: _____
(Amex cards usually have 4 digits in the front)

Name as it appears on card: _____

Billing address: _____

City, State and Zip: _____

I authorize Hardge Connections, LLC to charge my credit/debit card for payment of their products and/or services. If Hardge Connections, LLC is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant that all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: _____