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Credit Card Authorization Form

I, _____, hereby authorize Injil Muhammad, CPA, to charge my credit card account in the amount of \$ _____.

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____

Cardholder's Signature

____ / ____ / ____
Date

As the card holder, I also authorize Injil Muhammad, CPA to charge my credit card for future services rendered verbally approved by me.

Authorization Valid Until: ____ / ____

Initial Here: _____

Your completion of this authorization form helps to protect you, our valued customer, from credit card fraud. Our firm will keep all information entered on this form strictly confidential.