



Credit Card Payment Authorization Form

Customer Name: _____

For Inv#/Ref: _____

***For Onetime Payment:**

Credit card will be charged upon receipt of this form

[] I, the undersigned being an authorized signer of the following account, hereby authorize

BYM Accounting to charge to the credit card below for US\$ _____.

*Credit Card Type: Visa: ☐ Master Card: ☐ American Express: ☐ Discover: ☐

*Credit Card Number: _____ *Expiration (mm/yy): _____

Name on the Credit Card: _____

*Billing address of the card: _____

_____*City, State: _____ *Zip Code: _____

*CVV number: _____ (Visa/Master Card: Found on the back of the card on signature area, last 3 digits
American Express: Found on the front of the card above the card number, 4 digits)

*Authorized Signature: _____ Date _____

Printed name will substitute signature

Print name: _____

Title: _____

Email: _____

*** Required**

***Please fax the completed information to 305-503-9354,
Or you can send this as an email attachment to bmiguel@bymaccounting.com***