



Coleman & Associates

Fully Integrated Tax, Accounting & Financial Services

Please let this serve as authorization to charge my credit card in the amount of \$_____ for my tax return preparation.

Print Name: _____

Signature: _____

Date: _____

Type of Credit Card:  

Visa _____ MasterCard _____

Cardholder Name: _____

Credit Card #: _____ Expiration Date: _____

Billing Zip Code: _____ Security Code: _____

(3 digit number on the back of the credit card)