Outsource Bookkeeping Services, Inc.

Credit Card Payment Authorization Form

If you would like to enjoy the convenience of credit card payments (Visa, MasterCard & Discover), simply complete and sign the credit card information section below. All requested information is required. We will bill your credit card only for the amount of your invoice and your total charges will appear on your monthly credit statement. You may cancel credit card payments at any time by contacting us via fax or email. Convenience fees may apply.

Once completed, you may fax, email or mail this form at your earliest convenience.

Credit Card Type: ___ Visa ___ MasterCard ___ Discover

Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date: __ __ / __ __ __ __

Card Security Code: __ __ __

Name as it appears on card: _____

Credit card billing address: _____

Zip Code: _____ Signature: _____

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