



CREDIT CARD / DEBIT CARD AUTHORIZATION FORM

I authorize *HEYER & ASSOCIATES EA, PA* to charge the agreed amount listed below to my credit card / debit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. In the event my credit card/ debit card is declined or has expired I authorize Heyer & Associates EA PA to withdraw the funds from my business bank account on file.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Card ID Number: _____

(last 3 digits located on the back of the card):

Amount to Charge: \$

Instructions: Cardholder – Sign, Date and Print name below and fax to our secure fax line at (786) 513-3777 or email to me directly at rfh@heyerinc.com.

Signature: _____

Date: _____

Print Name: _____

