



CFOs & CPAs

3800 Mansell Road, Suite 150  
Alpharetta, GA 30022

### Authorization to Process Credit Card Transaction

By signature below I authorize Credo Financial Services to process a payment against my account as follows:

Name on Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: (MMYY) \_\_\_\_\_

Zip code: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

For Invoice or Service of: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please upload the completed form to the secure portal