

**CREDIT CARD PAYMENT AUTHORIZATION**  
**TO DON D. NELSON, ATTORNEY, C.P.A.**

Invoice No: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_ Email address: \_\_\_\_\_

(check type of card)

Visa ( )      Mastercard ( )      American Express ( )      Discover ( )

Item or Service Purchased: Tax, legal or consulting Services Including: \_\_\_\_\_  
\_\_\_\_\_

Authorized amount to Charge to Card: \$ \_\_\_\_\_ (please add 2% credit card fee)

Card No.																				
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Card Expiration Date	Month:	Year:
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Security Code:				
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(3 digits for Visa, MC, and Discover. These digits are printed on the signature strip on the back of the card after the credit card number. 4 digits for American Express printed on right side of card above the last four card number imprinted numbers)

I authorize this charge against my credit card for the services indicated.

Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature)

Please complete all blanks, sign, date and fax back to (949) 218-6483. You may also email a scanned .pdf or .gif copy containing your signature to our email address below. Your copy of this form will serve as your receipt. Thank You.

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Phone (949) 481-4094  
Email: [dondnelson@yahoo.com](mailto:dondnelson@yahoo.com)