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CREDIT CARD AUTHORIZATION FORM

I hereby give the firm eFile Expert, authorization to make the following charge(s) to my credit card accounts set forth below:

TYPE OF CARD

(i.e. visa, discover, mc, amex)

ISSUING BANK

(i.e. Citibank, Wachovia, etc.)

**CREDIT CARD
ACCOUNT NUMBER**

NAME ON CARD

(exactly as it appears)

**COMPLETE BILLING
ADDRESS W/ ZIP CODE**

V-CODE

(last 3 digits in the signature block on the back of the card. American Express is 4 digits on the front.)

EXPIRATION DATE

____ / ____
Month Year

AMOUNT TO BE CHARGED

I ACKNOWLEDGE AND AFFIRM THAT I AM THE OWNER OF THE ABOVE CREDIT CARD AND HAVE THE AUTHORITY TO AUTHORIZE THE ABOVE CHARGE(S)

ALL FEES ARE NON-REFUNDABLE and subject to the terms and conditions of the agreement between eFile Expert and the client, regardless of whether the person authorizing this charge is client for whom services are being performed.

Signed: _____ DATED: _____

PLEASE ALSO FAX COPY OF CREDIT CARD AND PHOTO ID (DRIVER'S LICENSE)

All credit card transactions will carry an extra three percent (3%) fee to cover bank credit card processing fees. By paying this invoice, you acknowledge that you have reviewed and agreed to the terms and conditions on our website(s), including without limitation eFileExpert.com. All sales are final and non-refundable. There is no guarantee of success.