

CREDIT CARD AUTHORIZATION

I, authorize Michael A. Kolb, PC, dba Small Business Financial Solutions to bill my credit card listed below for services rendered in connection with our engagement(s). Michael A. Kolb, PC agrees to send a receipt indicating the amount charged.

Credit Card Type (Please Circle One): Visa MasterCard American Express

Name on Credit Card: _____

Credit Card Number: _____

CSC or CCID: _____

Expiration Date: _____

Amount: _____

Signed By: _____

Date: _____

Please print and complete this form. You can scan it and e-mail it to us or fax it to us. We do not publish our e-mail address or fax number on our website due to the level of spammers. This contact information is located on your invoice and statement, or please contact us for that information.