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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

CARDHOLDER INFORMATION

Name as shown on a card: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Email _____

Direct Telephone: (_____)_____-_____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration ____/____ Security Code: _____

I, _____, authorize iTax Company, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Client's Signature

Date