

PAYMENT AUTHORIZATION

Contact Information:

Name (First, Middle, Last) _____
Company Name: _____
Street Address: _____
Telephone: _____
Fax: _____
Email: _____

Order Information:

Purpose / Order Description: _____
Total Amount Authorized: _____

Payment Information:

Card Type: ___ Visa ___ Master Card ___ American Express ___ Discover
Name appearing on card: _____
Card Number: _____
Expiration date: _____
Security Code
(3-4 digits, appears back or front of the card): _____
Billing Address: _____

The Undersigned hereby represents and warrant that he/she duly authorizes INFOTAXSQUARE.COM INC to charge his/her credit card for the above job (s) /service (s) rendered.

Name of Cardholder

Signature of Cardholder

Date

Contact: 718.558.4333 / 718.738.3138
Fax: 718.732.2471
Email: support@infotaxsquare.com
Mailing Address:
Infotaxsquare.com Inc
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417

Please complete, sign & fax back to: 718-732-2471