

# ROLANDO E. LEIVA, CPA, PA

## CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_, hereby authorize ROLANDO E. LEIVA, CPA, PA.,  
Print name as it appears on card

\_\_\_\_\_ to preauthorize/debit/charge my credit card the amount of Charge: \$ \_\_\_\_\_

or

\_\_\_\_\_ for accounting/tax/consulting services requested/rendered during the year on a  
recurring basis for \_\_\_\_\_  
Print Company Name

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_