



Credit / Debit Card Authorization Form

I authorize *ARGOS BOOKKEEPING* to charge the agreed amount listed below to my credit card / debit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. In the event my credit card / debit card is declined or has expired I authorize Argos Bookkeeping to withdraw the funds from my business bank account on file.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ (Visa, MasterCard, etc.)

Credit Card Number: _____

Expiration Date: _____

Card ID Number: _____

(last 3 digits located on the back of the card or 4 digits on front of card for AmEx)

Amount to Charge: \$

Instructions: Cardholder – Sign, Date and Print name below then either scan and email to contact@argosbookkeeping.com or mail it to 2601 Argos Way, Flower Mound, TX 75028.

Signature: _____

Date: _____

Print Name: _____