



Credit Card Authorization

I hereby authorize JGD & Associates LLP to charge to my
VISA, MASTERCARD, AMEX or DISCOVER card for services rendered.

Card Information

Card Number	
Exp. Date	
CVV Number	

Transaction Information

Item	Invoice/Account Number	Amount
1		
2		
3		
Total to be Charged		\$

Credit Card Billing Information

First Name		Last Name	
Address			
City		State	Zip
Country		Phone	
Email			

(You MUST enter a VALID email address. Use your own if your customer does not have one.)

Signature		Date	
-----------	--	------	--