PAYMENT AUTHORIZATION

(972) 335-6688 FAX (214) 872-1753 8204 Dock Street Frisco, Texas 75035
www.profitpointe.com lesstax@profitpointe.com

CLIENT NAME: _____

CHECK ALL THAT APPLY:

❑ One time charge - Date: _____ Amount: $ _____

❑ Charge the total invoice amounts for the services I have requested.

❑ Keep signature on file for future charges. I understand that if I have requested a recurring monthly service that the charges for this service could possibly vary by up to + / - 25%.

❑ Other _____

Name (on account): _____

Address (where statement is sent): _____

Apt. # _____ City: _____ State: _____ Zip Code: _____

Phone #: (H) _____ (W) _____

METHOD OF PAYMENT:

❑ BANK ACCOUNT DRAFT / ELECTRONIC FUNDS TRANSFER (EFT) - ATTACH A VOIDED CHECK

Account Number

Routing Number

❑ VISA **❑ DISCOVER** **❑ MASTERCARD** **❑ AMERICAN EXPRESS**

Card Number Expiration Date *Security Code

*The Security Code is the last three digits on the back of your credit card in the signature panel.

Print or Type Name on Account	Authorized Signature
	X

Attention:

Providing your signature above authorizes Profitpointe to charge or draft your account for payment in full for services rendered. This authorization is to remain in full force until Profitpointe has received written notification from you of your wish to terminate said authorization. You understand that this payment plan may be cancelled by either Profitpointe or you with thirty (30) days written notice.