

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa___ MC ___ Discover___ Amex_____

Account Number _____

Expiration Date ____/____ Security Code _____

Billing Address _____

City, _____ State, _____ Zip _____

Phone Number _____

By signing this form, you authorize GoGo Billing to charge your credit card for a one-time fee of 499.00 to conduct an office audit and grade.

Signed: _____ Date: _____