AUTHORIZATION FOR PAYMENT OF FEES

CREDIT CARD INFORMATION

I AUTHORIZE B.T.S. (DBA TRIAD TAX) TO CHARGE MY CREDIT CARD IF PAYMENT FOR TAX SERVICES IS NOT RECEIVED WITHIN 30 DAYS OF THE INVOICE:

CARD TYPE: VISA   M/C AMEX DISCOVER

CARD #: _____

EXPIRATION DATE:_____

BILLING ZIP CODE:_____

NAME ON CARD:_____

_____   _____
Date   **Signature of Payer**

Name on Tax Return to Apply Credit Card information:

_____

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