



zakircpa.com

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CREDIT CARD AUTHORIZATION

I, _____, authorize Zakir CPA, PLLC to charge my credit card
For following service _____
Company Name: _____

I also agree to pay a professional fee of US \$ _____ to Zakir CPA, PLLC for above service
(Exclusive of State or any Department Fee)

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Signed By,

(Shareholder Name)

(Date)

CREDIT CARD AUTHORIZATION

I hereby authorize Zakir CPA, PLLC to use the following credit card to pay State registration fees and charges:

Card Type:

- VISA Master Card American Express Discover

Name on the Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____ Security (CSV) Code: _____

CC Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder _____

Notes: _____
