



One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize A-R Partners, Chartered Professional Accountants, to make a one-time charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize A-R Partners, Chartered Professional Accountants,
(full name)

to charge my credit card account indicated below for _____ on or after _____.
(amount) (date)

This payment is for _____.
(description of services / invoice number)

Billing Address: _____ Phone: _____

Postal Code: _____ Email: _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Cardholder Name: _____
Account Number: _____
Expiration Date: _____
CVV*: _____

* - Card Verification Value ("CVV") for Visa or Mastercard, the three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number. For American Express, the four-digit CVV number is printed on the front of the card above the card account number.

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.