



CREDIT CARD AUTHORIZATION

I hereby authorize Vihlen & Vanadia to charge the balance currently due on my account for the amount of \$_____. Billing Name:

PLEASE ENTER NAME EXACTLY AS IT APPEARS ON YOUR CREDIT CARD

Credit Card Billing Address:

PLEASE ENTER CREDIT CARD BILLING ADDRESS

Type of Card:

Card Number:

Expiration Date:

Security Code:

(last three digits on card, last four on AMEX)

The undersigned guarantees performance of the financial provisions of this agreement.

Signature of Card Holder:

Date:

Vihlen & Associates. PA
1540 International Parkway, Suite 2000
Lake Mary, Florida 32746
(407) 333-8880