



~ Kadesh Authorization for Credit Card Use ~

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: (last 3 digits located on the back of the credit card)

Amount to Charge: \$ (USD)*** (See Kadesh Bill)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Reference Invoice #: _____

~ This Form document is being used to secure payment authorization for services rendered for clients whom may have an offset including but not limited to Federal Tax Debt, State Tax Debt, Student Loans, Child Support Debt, or any Lien against the Tax Refund. ~