



CREDIT CARD AUTHORIZATION FORM

Date _____

AMOUNT \$1,036 plus state filing fee

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____ EXPIRATION DATE _____

BILLING ADDRESS INCLUDING ZIP CODE _____

NAME ON CARD _____ Telephone #: _____

(As it appears on card) Email Address: _____

PURPOSE OF BUSINESS: _____

STATE OF INCORPORATION: _____

WILL OFG BE PREPARING THE TAX RETURNS? YES or NO? _____

Tax Classification:

_____ Single-Member _____ Partnership _____ Corporate

For Corporate Classifications:

_____ C Corporation _____ S Corporation (Form 2553 Required)

Signature: _____

Entity Information:

3 different name selections for your entity

Address of Business: _____

Phone Number: _____

Entity Representative:

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Members:

Member #1: Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Percentage of Ownership: _____

Member #2: Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Percentage of Ownership: _____