



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV Number: _____
<i>(If applicable for payment plans)</i> Reoccurring Charge Amount: _____ Frequency: _____ Duration: _____

I, _____ (the "Client"), hereby authorize and instruct Gallo & Company Professional Corporation to charge my credit card above for any accounts, plus applicable interest, rendered by Gallo to the Client that are over 60 days past due from the date of said account without further notice to the Client, unless otherwise mutually agreed upon by both parties. I understand that my information will be saved to file for future transactions on my account and that this authorization does not, in any manner, function to increase the amount of time permitted to the Client to pay any accounts rendered by Gallo to the Client.

Client Signature

Date

Witness Signature

Date

