



CREDIT CARD INFO SHEET



Date: _____
Tax Depot Fee Amount: _____

Name:

Client's Name: _____

Mailing Address On Card:

Street: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Email Address: _____

Credit Card Information:

Type of Card: (MC/Visa/Disc/Amex Only) circle one

Expiration Date: _____

Credit Card Number: _____

Security Code: _____

Name on Card (Verify): _____

***Authorized Signature:** _____

***By signing the above you give Tax Depot and it's representatives authorization to charge your credit card for the fees above. A \$30 service fee will be charged for all chargebacks initiated by customer.**

A D For office use only

FAX NUMBER: 770-587-4339

(This form is used to process Tax Depot Fees only)

Note : Tax Depot cannot make payments on your behalf to any government agency