

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: _____	
<i>(If applicable for payment plans)</i>	
Reoccurring Charge Amount: _____	
Frequency: _____	
Duration: _____	

I, _____ (the “Client”), hereby authorize and instruct Gallo LLP 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