

CLASSY KEYS
Computer Services, Inc.
20149 Lora Lane
Bend, Oregon 97702



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CREDIT CARD AUTHORIZATION

I authorize **CLASSY KEYS Computer Services, Inc.** to charge my credit card for bookkeeping, consulting and/or training services rendered.

One-time charge \$ _____ —**OR**— Charge all future invoices **

Type of Card:    

Card #: _____ - _____ - _____ - _____ Exp. ____ / ____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

CVV

SECURITY CODE: _____

Visa/MC/Disc = last 3 digits on
BACK of card

AMX = 4 digits on **FACE** of card

Authorized Signature

Date

**** Note:** All automatic credit card payments will be charged five (5) days after invoice date to accommodate time for your review.