



**PROFESSIONAL CORPORATION, CERTIFICATE OF AUTHORIZATION**

**Complete this form if making payment by credit card**

**Please choose method of payment:**

<b>Payment Method:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
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Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
(Print clearly)

Cardholder's Signature: \_\_\_\_\_  
(Print clearly)

Authorized Amount: \$ \_\_\_\_\_