TAPPER AND FRATTO, LLC

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CREDIT CARD AUTHORIZATION

Please complete the information below and return to the address above.

NAME: _____

ADDRESS: _____

CITY:_____ **STATE:**_____ **ZIP:**_____

PHONE NO.: _____**WORK**: _____

EMAIL ADDRESS: _____

CREDIT CARD NO.: _____

EXP. DATE: _____ **cvv2#** _____ **VISA** **MASTER CARD**

3-digit number on back of card

AMOUNT TO BE CHARGED: $_____ plus $_____ for the 4% processing fee for a total of $_____to be charged on the _____of each month, beginning _____ , and every _____ of each month thereafter, processed automatically.

Charges on your statement will appear as **Tapper and Fratto, LLC**. The amount above reflects the 4% processing fee charged for each transaction. If ***any*** transaction is declined for ***any*** reason, a $6.00 processing fee will be assessed to your account balance.

My signature below serves as authorization for Tapper and Fratto, LLC to charge my credit card until the balance due and owing is paid in full.

(Signature) (Date)

THIS COMMUNICATION IS FROM A DEBT COLLECTOR.
IT IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.