



# Kemp Harvey Goodison Hamilton Inc.

Certified General Accountants

Don Goodison, FCGA, CFP  
Resident Partner

Cynthia Hamilton, CGA, BAccS  
Resident Partner

## CREDIT CARD AUTHORIZATION FORM – COMPLETE AND FAX BACK TO US

Please note – for non-swiped transactions we require the Security number (PIN) on the reverse. If this is not possible, we will require you to make arrangements to swipe your actual credit card. Because of the increased security, we no longer take Paypal.

Name of Company (Account Name): \_\_\_\_\_

Contact name (Primary contact): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Visa / MasterCard Card:

Visa / MasterCard Number: \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_

*I agree to pay the below listed total amount according to card issue agreement.*

Signature: \_\_\_\_\_

I, \_\_\_\_\_, (name of signing authority), authorize **Kemp Harvey Goodison Hamilton Inc, Certified General Accountants**, to charge

(Initial one)

\_\_\_\_\_ the outstanding account balance on the above credit card account for any services incurred and any outstanding balance that may occur from time to time on the above account with authorize **Kemp Harvey Goodison Hamilton Inc, Certified General Accountants**.

OR

\_\_\_\_\_ the total of \_\_\_\_\_ for one time only on the above account with authorize **Kemp Harvey Goodison Hamilton Inc, Certified General Accountants**

Amounts are charged to Credit Card at time of billing, as in accordance with the terms and conditions.