

Young & Company, LLC
Accounting, Tax & Financial Services

Apply to Client/Entity Name _____

Name on Card _____

Billing Address _____

City, St ZIP _____

Credit Card Type Visa® MasterCard® Amex® Discover®



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						

Select One Time Charge or Monthly Payment

Expiration Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; text-align: center;"> </td> <td style="width: 50%; text-align: center;"> </td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>Month</i></td> <td style="text-align: center; font-size: small;"><i>Year</i></td> </tr> </table>			<i>Month</i>	<i>Year</i>	Amount \$		One Time Charge
<i>Month</i>	<i>Year</i>							
			<i>or</i>					
C V V Code		Amount \$		Monthly on the _____ of each month. Until Paid in Full				

Signature _____ Date _____

FAX To Young & Company, LLC AT 407.936.2501

Young & Company, LLC	<i>Office Use Only</i>
Client ID	CCard Processed
	Applied to Billing
	<i>CCard 05.04.20</i>