



Proeger & Associates, Inc.
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Serving Manatee & Sarasota Counties since 1993

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Credit Card Payment Authorization Form

Initial retainer of _____

Monthly invoice amount. We will send you the invoice each month for you to approve prior to running the charge.

Client Name: _____

Card Number: _____

Expiration date: _____ CVV code: _____

Name on card (exactly as shown on card):

Billing address (as shown on card):

Street # or P.O. Box #: _____ Zip code: _____

Email address for notifying when credit card is charged:

Cardholder's phone number: _____

Cardholder (or POA) approval to bill credit card (signature & printed name):

Signature: _____ Date: _____

Printed Name: _____

Please fax the form back to Proeger & Associates, Inc 941-359-8274