

I, authorize Michael A. Kolb, PC, dba Small Business Financial Solutions to bill my credit card listed below for services rendered in connection with our engagement(s). Michael A. Kolb, PC agrees to send a receipt indicating the amount billed each time my credit card is billed. This authorization will terminate when the engagement(s) terminate(s).

Credit Card Type (Please Circle One):      Visa    MasterCard    American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signed By: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the above and fax this form to us. Our fax is dedicated and private. Contact us via phone or e-mail if you need our fax number, we do not make it public due to the level of spam.