



Information required to process a credit card payment without the card present.  
The form can be returned to 703-549-6517 (fax) or to rachel@rossmoncure.com.

Client Name: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

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

Expiration Date (mm/yy): \_\_\_/\_\_\_

Invoice Amount \$ \_\_\_\_\_

2.5% Convenience Fee \$ \_\_\_\_\_

**Total Amount to Be Charged** \$ \_\_\_\_\_

Card Code: \_\_\_\_\_ (from reverse of card)

Billing Information:

Name:	_____
Company:	_____
Address:	_____
City:	_____
State/Province:	_____
Zip Code:	_____
Country:	_____
Phone:	_____
Fax:	_____
E-mail:	_____

If you would like for your tax return or original documents to be sent to an address other than your billing address, please fill in the information below.

Name:	_____
Company:	_____
Address:	_____
City:	_____
State/Province:	_____
Zip Code:	_____
Country:	_____

I AGREE TO PAY THE ABOVE TOTAL ACCORDING TO MY CARD ISSUER AGREEMENT

Information Provided By:  
(Signed by Client) X \_\_\_\_\_