



Credit card authorization

Name (as it appears on card)		
Street address		
City	State	Zip code
Check one <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Amount to be charged \$		
Card Number	Expiration date: /	
3 digit number (following account number) on back of card		
I authorize Beckman Lawson, LLP to charge the above amount to my credit card, and I agree to pay the above amount according to my card issuer agreement.		
Signature:		Date:

Return the completed form via U.S. mail or fax to:

Beckman Lawson Accounting
200 East Main Street, Suite 800
Fort Wayne, IN 46802

Telephone: 260.422.0800
Fax: 260.420.1013