



Credit Card Payment Authorization Form

Confirmation
214 Centerview Drive
Suite 100
Brentwood, TN 37027

Audit Firm Name

Cardholder Name

Cardholder Email

Cardholder Phone

Cardholder Fax

Form of Card

Credit Card Type

Address

(As it appears on credit card statement)

Credit Card Number

Expiration Date

Return the completed and signed form to Confirmation by fax at +1 (615) 376-7971 or mail to Capital Confirmation, Inc., Attention: Accounting, 214 Centerview Drive, Suite 100, Brentwood, TN 37027.

I acknowledge and authorize Capital Confirmation, Inc. to charge the credit card listed on this form for all charges associated with the Confirmation.com™ service utilized by my firm. I also verify that the information listed on this form is accurate and complete, and agree to provide Capital Confirmation, Inc. with updates regarding this credit card account.

Cardholder Signature

Date