

Client Name: _____



Invoice Payment Options

Prior to mailing or electronically filing your tax return payment must be received for the preparation services. You may pay by credit card or check.

Method of Payment:

Credit Card: *Check:

*Please Mail all checks to our Texas office, 503 Woodland Park, Georgetown, TX 78633

Credit Card Information:

You may pay by credit card by providing your credit card information below. The fee will be billed to your credit card only after obtaining your prior approval.

Name as it appears on the credit card: _____

Type of Credit Card: Visa Master Card American Express Discover

Card Number: _____

Expiration Date: _____ CVV Code: _____

Authorized name as it appears on the credit card:

Amount Authorized: Invoiced Amount of: _____ Other: _____

Billing Address:

Street	_____
City	_____
State	_____
Zip/Postal Code	_____

Phone Number: _____

I hereby authorize Lexington Financial to charge my Credit Card selected above for the Amount Authorized:

Authorization: _____

Client Signature

Time of Payment: E-signature: Bill: Credit Card:

Tax Return Delivery: Pickup: UPS: