Accounting Services of York LLC

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YORK, PA. 17402
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Accountingservicesofyork.com

"We'll count the beans... you enjoy the coffee"

INVOICE PREFERENCE & CREDIT CARD AUTHORIZATION

Company Name _____

. Invoice Delivery Preference .

☐ via ***email*** to: _____

☐ ***paper*** via USPS

. Invoice Payment Preference .

Would you like us to automatically pay the bill for you?

☐ Yes, write/stamp a ***check*** from my account for the amount due

☐ Send/email me a receipt ☐ No need to send me a receipt

☐ Yes, please charge my ***credit card*** (shown below)

☐ Send/email me a receipt ☐ No need to send me a receipt

☐ No, I will send a check once I receive the invoice.

Card Number: _____ Exp. Date: _____ CVV _____

Address Associated with Card: _____ Zip_____

We have always safeguarded the confidentiality of information provided to us by our clients and are bound by our professional standards to continue to maintain this vital aspect of our professional relationship. Accounting Services of York will not, under any circumstances, provide or disclose personal, confidential or nonpublic information of a client without written consent from said client to a specific entity only. In keeping with GAAP and FTC rules and regulations, our privacy policy is automatically extended to client records and/or information provided to us.

I agree to the invoice and subsequent billing terms as chosen above,and authorize Accounting Services of York and/or its agents to write a check or bill my credit card accordingly as I have indicated above for monthly payment of invoices for services rendered.

_____

Business/Owner's Name Date