Date: _____

From: _____

_____

_____

Tel: _____

To: OptimaNet Tax Services

12424 Wilshire Blvd. Suite 1070
Los Angeles, CA 90025
Tel: (310) 820-1080
Fax: (310) 820-1580

(877) 305-1040

I, the undersigned, authorize Bijan Kohanzad & Company Inc. DBA OptimaNet Tax Services to debit/charge my credit card below for its services billed in amount of $ _____ (_____) and occurring charges, as billed.

_____
Name as it appears on the card

I_____ I _____ I _____ I _____ I
Visa, MasterCard, Discover, American Express

_____
Expires

_____ _____
Billing address Zip Code

Cardholder's signature: _____