



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Client: _____

Credit Card Information

Card Type:

- VISA
 MasterCard
 Discover
 AMEX
 Other: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ Security Code: _____

Billing Address: _____

I, _____, authorize _____

to charge my credit card above for agreed upon services/purchases. I understand that my information will be saved to file for future transactions on my account.

Client/Parent/Guardian Signature: _____

Client/Parent/Guardian Name (printed): _____

Date: _____