

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 canceled. Your card will be charged the day of your visits. If you would like to organize a payment plan you must do so prior to your appointment. Charges can not be refunded after they have been processed, unless due to clerical error.

Primary Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:_____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (MM/YY):
Security Code (3-digit):
Cardholder ZIP Code (from credit card billing address):

Secondary Card Information (If Necessary)
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:_____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (MM/YY):
Security Code (3-digit):
Cardholder ZIP Code (from credit card billing address):

I _____, authorize the Office of Jennifer Reed to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.