

### Credit Card Authorization Form

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other (please state)
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):    /	
Cardholder ZIP Code (from credit card billing address):	
CVV: (most cards numbers on back of card, American Express 4 numbers on front of card)	
Receipt Information:	
<b>Immediately After a Charge, a Receipt Will Be Sent to you</b>	
<input type="checkbox"/>	Text Cell Number: _____
<input type="checkbox"/>	E-mail Address:

I, \_\_\_\_\_, authorize Dr. Federici to charge my credit card above for therapy sessions. I understand that my information will be saved for future transactions on my account.

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Cardholder's Signature

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Date