

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:
Immediately After a Charge, a Receipt Will Be Sent to you
<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.

Cardholder's Signature

Date