

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.

Credit Card Information / Contact 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): _____	Birth Date: _____
Card Number: _____	CVV (3 numbers on back of card): _____
Expiration Date (mm/yy): _____	Cardholder Address: _____
Cardholder ZIP Code (from credit card billing address): _____	Phone #: _____

I, _____, authorize Dr. Dan Sneider-Cotter 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.

Customer Signature

Date