



Credit Card Authorization Form

The following form is for credit card authorization. Having a credit card on file is **NOT** required, but is available for your convenience. If you would like to keep a credit card on file, please read the following information carefully. Upon request, a credit card can be removed from file at any time.

I, _____ hereby authorize the use of my credit card as the method of payment to cover any charges as stated below:

- ✓ When I give verbal authorization for charges at time of checkout.
- ✓ If there is a remaining balance on my account that has past 30 days from the date of invoice.

Type of Credit Card: Visa MasterCard Discover American Express Care Credit

Credit Card Number

Expiration Date

Name of Cardholder

E-mail Address

Cardholder's Business Phone

Home Phone

Cardholder's Signature

Date