

Date: _____

Re: Credit Card Authorization Form

Name as it appears on the card: _____

Patient Account to be credited: _____

Credit Card #: _____ Exp/date: _____

Security Code *(this number could be located on the front or back of the card)*: _____

Address that statement is sent:

I _____ hereby authorize Piekarsky Orthodontic
Please print name
Associates, P.A. to charge my credit card for the agreed upon contracted monthly fee
of \$ _____ until such time as the account has been paid in full.

signature