



Authorization Form

Automatic Credit Card Charges

Please sign and return today to avoid delays.

Date _____ Client ID Number _____

Client Name _____

Contact Name _____

Phone _____ Fax _____

• **Please Check the Appropriate Box(es)**

Monthly Fees Only: I authorize chrisad monthly fee automatic charge approximately on the 20th of every month.

Card on File Only: I authorize chrisad to keep card on file for future use.

VISA/Mastercard CC#: _____ exp. date _____

American Express CC#: _____ exp. date _____

Additional VISA/Mastercard CC#: _____ exp. date _____

Additional American Express CC#: _____ exp. date _____

Billing Address for credit card statement (if different from practice address):

Street _____

City _____ State _____ Zip _____

Please notify us if your credit card number(s) change.

All modifications/requests related to this document must come from client in writing.

Signature of Cardholder date _____