

Credit Card Authorization Form

Name on CARD _____

Billing Address _____

Credit Card Type ____ VISA ____ Mastercard ____ Discover ____ AmEX

Credit Card NUMBER _____

Expiration DATE: _____

CARD Identification number ____ (last three digits located on the back of the card)

Amount to charge \$ ____

I authorize Dr. Gabriel Katz to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Please sign and date

Signature _____

DATE _____

PRINT NAME _____