

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

To authorize automatic billing, please complete and sign the Credit Card information section below.

All requested information is required.

Upon approval, we will automatically bill your credit card and the total charges will appear on your credit card statement.

You may cancel this automatic billing authorization at any time.

Customer's Name	Primary Phone
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Credit Card Type (Visa/MC/Discover)	Credit Card Number	Expires (MM/YY)	CVV Code
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Cardholder Name (as shown on credit card)

Billing Address	City	State	Zip Code
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I authorize Dr. Suzanne Mathews to automatically bill the card listed above. To cancel, I agree to provide a written request.

Customer's Signature	Date (DD/MM/YY)
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