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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Yan Zhang, MD to charge my credit card above for my account balance. For any balance larger than \$100, it will be spitted automatically to \$100 a month until it is paid off. Any larger one-time payment needs my separate writing approval. I understand that my information will be saved to file for future transaction.

Customer Signature

Date