**Credit Card Authorization Form**

Please complete all fields. All information is confidential.

**Credit Card Information:**

Name on Card:

Billing Address Including Zip Code:

Card Type:

Card Number:

Expiration Date:

CVV (code on back of the card):

I authorize Dr. Samler to charge this card for the agreed upon purchases (e.g., copay, deductible etc.). I understand that my card information is kept on file for future transactions.

Signature:

Date: