



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing at billing@surfandturftherapy.org. 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): _____	
Credit Card Billing Street Address _____	
ZIP Code (from credit card billing address) _____ CVV _____	
Patient Name: _____	

I, _____, authorize Surf and Turf Therapy to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date