



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