**Christy L. Foos, LSCSW, LCAC -DOT Substance Abuse Professional #20760**
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**CREDIT CARD FORM**

**PRINT LEGIBLE NAME EXACTLY AS IT APPEARS ON THE CREDIT CARD**

**CREDIT CARD HOLDERS EMAIL ADDRESS**

**DOT SAP CLIENT NAME**

**DOT SAP CLIENT EMAIL ADDRESS**

**DOT SAP CLIENT NAME**

**CARD NUMBER**

**EXPERIATION DATE:**

**DIGITS ON THE BACK OF THE CARD**

**ZIP CODE SAME AS THE CARD’S ZIP CODE:**