

Patterns Credit Card Authorization Form

Credit Cardholder Information

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ Parish: _____ Postal Code: _____

Country: _____ Email: _____

Address: _____

Direct Telephone: (____) _____

Authorization Purpose:

I authorize a charge against my credit card for missed appointments or late cancellations.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Debit Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____

Cardholder Signature: _____ Date: _____

I authorize the above-named business to charge the credit card indicated in this authorization form per the terms outlined above. This payment authorization is for the goods/services described above, and is valid while in treatment. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.