

Credit Card Authorization

Please complete all areas below. Incomplete requests will be returned.

Corporate Card Personal Card

Cardholder Name:

Client Name: _____

Credit Card Billing Address:

City: _____ State: _____

Zip code: _____

Daytime Telephone:

(_____) _____

Fax Number: (_____) _____

Amount \$ +3% processing fee, Total \$

Treatment: 30days 60days 90 days

Check One: Visa MasterCard

American Express

Card Number:

Exp Date: _____

CID Number: _____ Visa/MC: Last 3 digits

located on card back in signature panel, Amex: 4-digit number located on card front right

Signature of

Cardholder: _____

Date: _____

No-Refunds (Regardless of length of stay)