

CREDIT CARD BILLING AUTHORIZATION FORM

Your Name: _____

Card Type: Visa () MasterCard () Discover ()

Issuing Bank: _____

Credit Card Number: _____

CVC Number (last three digits from the back of the card): _____

Expiration Date: _____

Billing Address: _____

I authorize Dr. Dana Chidekel to charge the card noted above in the amount of:

\$ _____

AUTHORIZED SIGNATURE

DATE