

Credit Card Authorization Form

Credit Card Holder Name: _____

Billing Address: _____

Credit Card Type: Visa _____ Mastercard _____ Discover _____ AMEX _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits on back of card): _____

I authorize Angela Manning DDS PC to keep my credit card on file and charge it in the amount of \$ _____ every _____ th of the month until such time that my balance of _____ is paid in full.

Name: _____

Signature: _____

Date: _____