



CREDIT CARD AUTHORIZATION FORM

I hereby authorize The Rocking Chair LLC to charge the amount listed below on the credit card listed below for services provided at The Rocking Chair LLC.

AMOUNT TO BE CHARGED: \$ _____

CARD NUMBER: _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS [CHECK ONE]

CARD EXPIRATION DATE: _____

CV2 NUMBER: _____

(NOTE, THE CV2 NUMBER IS THE 3 DIGIT NUMBER ON BACK OF MASTERCARD/VISA/DISCOVER CARD AT SIGNATURE LINE AND THE 4 DIGIT NUMBER ON AMERICAN EXPRESS)

NAME EXACTLY AS IT APPEARS ON CARD: _____

CLIENT/PATIENT NAME: _____

BILLING ADDRESS OF CARD: _____

SIGNATURE OF CARDHOLDER

PRINT CARDHOLDER NAME

DATE