

# The Rocking Chair LLC

60 Grand Avenue Englewood, NJ. 07631  
(201) 308-5325

## 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