

Ann E. Drouilhet, LICSW
40 Speen St. Suite 106
Framingham, MA 01701
508-877-3660 x2

Billing Code _____

CREDIT CARD AUTHORIZATION FORM

Company Information

LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation list full corporation name).

Physical Business Street Address (No P.O. Boxes)

City _____ State _____ Zip _____

Business Phone () _____ Fax No. () _____

Credit Card Information

_____ Exp Date: ____ / ____ *CVV#
Credit Card Number MM / YY

Name, exactly as it appears on the card:

* 3 digit # on the back of credit card
4 digits on front of Amex card

Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).

If this address is not correct it will delay the shipping of your merchandise.

X _____
Street City\State Zip

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from MERCHANT NAME. Further, I authorize my credit card company to accept and to charge to my account for purchases initiated by the above named individuals. This authorization allows MERCHANT NAME to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.

X _____
Signature of Card Holder

Print Name Here