Credit Card Authorization Form

I autho	orizeto charge my cr	to charge my credit card as detailed below:	
	service. Please keep this signature on file for any estimated patient portion due at the time of service and any unpaid balance after insurance payment.		
Patien	it Name		
	onsible party name		
Addres	ss		
Phone			
	Card: Visa MasterCard		
	#	Expiration Date	
Card h	nolder signature	Date	
Print n	name		
Staff in	nitials		