



## CREDIT CARD AUTHORIZATION LETTER

I, \_\_\_\_\_ authorize the use of my credit card described below for charges related to services provided by Strash Foot and Ankle Care.

Credit Card Type: VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVN# \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I understand that the amount charged to my credit card will be reflected on my credit card statement within seven days of authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We are accepting Care Credit if you would like to apply please get with our Receptionist for more information.