# Credit Card Authorization Form

☐ Charge my card & email me a receipt!
(No need to return to the office to settle up!)

☐ I'll be back to close out – but will use this card for final payment

☐ Paying by cash or check – use this form as a hold
(Coming back to pay, this card will only be charged if I do not return or have a balance after checking out.)

Name on Card: _____

Phone Number: _____

Email Address: _____

Card Number: _____ _____ _____ _____

Expiration: _____ Security Code: _____

Street Address: _____

Zip Code / Postal Code that matches your billing address: _____

Signature: _____
By signing you authorize the office to charge your card based on your selections above. Card payment WILL be used for unsettled accounts, remaining balances, or additional fees which may be found after checkout.

Showbill Total: $_____ + CC Fee (3.5%) : $ _____

Total Charged = $ _____

Office Initials after Charge is Complete: _____

Notes: