

Credit Card Authorization Form

I, _____, authorize *Southwest Myofunctional Therapy* to charge my credit card below for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account. If your card on file rejects payment, we will add a \$50 fee (we will make every attempt to contact you before assessing this fee).

 Customer Signature

 Date

Please fill out all fields below. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled- we will shred the lower portion of this form once your information has been imported into our credit system.

Credit Card Information		
<i>Card Type:</i> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Other _____		
<i>Cardholder Name (as shown on card):</i> _____		
<i>Card Number:</i> _____		
<i>Expiration Date:</i> _____	<i>Security Code:</i> _____	<i>Zip Code:</i> _____