



Credit Card Payment Authorization Form

Billing Information

Credit Card #: _____ Exp: _____

CVV# (three digits on back right hand side of card): _____

American Express _____ **Discover** _____ **MasterCard** _____ **Visa** _____

Name on Card: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

Client Information

Client Name: _____

Provider Name: _____

I authorize Agardo LLC to charge my Credit Card in the following manner:

- ☐ Set my account to automatically charge my Credit Card for the balance due at each visit.
- ☐ Set my account to have my Credit Card on file, in the event I fail to pay the balance due on my account by cash or check at each visit, charge my Credit Card for the balance due.

I understand that this charge will show up on my credit card statement as a charge by "Agardo LLC", who will process my card on behalf of my provider.

Signature of Card Holder

Printed Name of Card Holder

Date

Internal Use Only

Chart: _____

DOS: _____

Pvd Code: _____ Amt: _____

Conf#: _____

Dep: _____ PD: _____

Processor: _____