



CREDIT CARD AUTHORIZATION WORKSHEET
(PRINT ALL INFORMATION LEGIBLY AND COMPLETE FORM IN ITS ENTIRETY)

DATE: _____ LOCATION/FACILITY: _____

PROVIDER: _____

CLIENT NAME: _____
CLIENT ACCOUNT NUMBER: _____
DATE(S) OF SERVICE BEING PAID: _____

CARD HOLDER NAME: _____
(EXACTLY AS IT APPEARS ON CREDIT CARD)
MAILING ADDRESS: _____
CITY, STATE, ZIP _____
CARD NUMBER: _____ CVV Code: _____
(Amts. over \$50)
EXPIRATION DATE: ____/____/____ AMOUNT: \$____ (dollars & cents)
CIRCLE ONE: MasterCard Visa American Express Discover
I authorize Meier Clinics® to keep my signature on file and to charge my credit card as indicated below:
 This visit only This month only All visits until further notice
 Monthly arranged payments Account balance payoff
This agreement for payment shall not exceed \$_____ (dollars & cents) per charge date.
CARD HOLDER SIGNATURE: _____ DATE: _____

PROCESSED BY: _____ DATE: _____

COMMENTS: _____

MC Staff: Send or fax completed form with your record of services (fee ticket/summary) to your collector.