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**CREDIT CARD AUTHORIZATION**

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

CC type: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

I hereby authorize Amy Silverman, MD, PC to charge my credit card for cancellations made with less than 24 hours notice, balances that are over 30 days past due, and to charge office visits at the time of service with my permission.

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

Print Name: \_\_\_\_\_

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