



Credit Card Payment Authorization Form

Instructions: Please fax copies of **both sides of the credit card and driver license** along with the completed and signed form to **(818)996-4069** as soon as possible. Keep in mind that if we do not receive this information, we will not be able to obtain the approval.

I, _____, hereby authorize the Boris Ratiner M.D. Inc to charge my credit card listed below for the following amount \$ _____ and to have it applied to ALL services to be rendered or balance that is currently outstanding for patient _____

First & Last Name

Circle One: VISA MC AMEX DISC

Cardholder's name as it appears on the credit card:

Card Number: _____

Expiration Date _____ CCV: _____

Cardholder's billing address:

Street:	
City:	Zip Code:
Phone # of Cardholder:	

Signature of Cardholder: _____

Date: _____ Patient's name: _____