



Credit Card Authorization

VISA

M/C

AMEX

HSA CARD

Type of Credit Card: _____

Credit Card #: _____

Name on CC: _____

Expiration Date: _____

Billing Zip code: _____

Security Code: _____

Email Receipt to: _____

Or

_____ No Receipt

This information is kept in secure files.

All merchant processing (credit card) is done through a secure app at the end of each business day. By signing this form, I authorize the office of Maureen DeLorenzo to charge all the applicable fees for services to the above listed card. *This includes "late cancel" or "no show" charges per the signed client agreement.*

Responsible Party's Signature: _____ **Date:** _____