

CREDIT CARD AUTHORIZATION FORM

Client Name: _____

Claim # _____

Cardholder Name _____
(As it appears on the front of the credit card)

Credit Card Type (please circle one): **Mastercard** **Visa**

Credit Card Number _____ Exp. _____

CVV2 Number _____
(Located on the reverse side of your credit card, last 3 digits)

Amount of Transaction: \$ _____

I do hereby give permission to charge my credit card;

Cardholder Signature

Date

Please fax this form back to (209) 523-7029 for immediate processing. Please include your account number on all correspondence. If you have any questions, or need to verify the account number, please contact our office prior to transmittal of this form.