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Credit Card Authorization Form

For your security, please do not type card details into this form or send it by email. Print it, fill it in by hand, and bring it to the office, or call us at 732-648-6423 to give your card information by phone.

Please complete all fields. You may cancel this authorization at any time by contacting the office. This authorization will remain on file & in effect until cancelled.

Credit Card Information

Card Type: [ ] Mastercard [ ] Visa [ ] Discover [ ] American Express [ ] Other: _____

Cardholder Name (as shown on the card): _____

Cardholder Billing Address: _____

_____

Card Number: _____

Expiration Date (mm/yy): _____ **Security Code:** _____

I, _____ **, authorize** _____

to charge my credit card above for the agreed upon fees. I understand that my information will be saved to my file for future transactions on my account.

Cardholder Signature: _____ **Date:** _____