



Credit Card Authorization Form

I authorize April Lok, Ph.D. to keep my signature on file and charge my card for balances due.

Card: _____ Visa _____ MasterCard

Account #: _____

Expiration (MM/YY): _____ / _____ Card Security Code (3 digits): _____

Card Type: _____ Credit _____ Debit

Client Name: _____

Card Holder's Name (as it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder's Phone: _____

Card Holder's Email: _____

Card Holder Signature

Date