



Foot & Ankle Center of Florida LLC
 2400 Harbor Blvd. Suite 11 Port Charlotte, FL 33952-5038
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Credit Card Payment Authorization Form

Today's Date:		
I, _____, hereby authorize Foot & Ankle Center of Florida LLC, to charge my credit card as stated below the amounts as authorized below for payment(s) of services rendered as provided to invoice(s) as referenced below.		
Name of Individual: (Please Print)		
Card Holder Name: (Please Print)		
Relationship to Card Holder:		
Credit Card Billing Address		
Phone Number:		
Fax Number:		
Mobile Number:		
Email Address:		
Circle Card:	<input type="radio"/> AMEX <input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> other:	
Credit Card Number:		
Security Code:		
Expiration Date:		
Amount of Transaction:		
Signature of Authorized User:		Date:
Please Print Your Name:		