

Credit Card Authorization

Card Information

Name: _____

Office Name: _____

Billing Zip: _____

Phone #: _____

Type of Credit Card: Visa MasterCard Discover Amex Other: _____

Credit Card #: _____

Expiration Date: _____

Security Code (CID): _____

Name on card if different from Above: _____

Payment For: _____

Total Amount: \$ _____

Authorization

I authorize the Southwest Riverside County AOR to charge my Credit/Debit card as indicated above.

Signature: _____ Date: _____