

Credit Card Authorization

Name: _____

Office Name: _____

Billing Zip Code: _____

Cell Phone #: _____

Type of Credit Card: Visa MasterCard Discover AMEX

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Name on card if different from above: _____

Payment for: The SentiKey Service for the San Diego County Area

Total amount: \$_____

*All refunds will be subject to a \$25.00 Administrative Fee.

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

Signature: _____

Date: _____