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## CREDIT CARD AUTHORIZATION FORM

NAME: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS: \_\_\_\_\_  
Street Apt.#  
\_\_\_\_\_  
City State Zipcode

PHONE NUMBER: \_\_\_\_\_

CARD TYPE (VISA, MC, AMEX) \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

\_\_\_\_\_: s cd.  
Cardholder Signature Date