

SHOMAN CENTER FOR STRESS MANAGEMENT, LLC
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(480) 435-1030
www.ShomanStressManagement.com

CREDIT CARD AUTHORIZATION FORM

I authorize Shoman Center for Stress Management (SCSM) to charge to the following described credit or debit card.

Card Holder's Name On Card: _____

Credit Card Type: ___ MasterCard ___ Visa ___ Debit ___ Other _____

Credit Card Number: _____

Exp. Date: _____ Security Numbers: _____

Cardholder's Billing address:

Street Address: _____

Suite/Apt. No.: _____

City: _____

State: _____

Zip Code: _____ Billing Address Phone: _____ Alternate Phone: _____

Signature: _____

Printed Name: _____ **Date:** _____