



Southlake Autism and Behavior Services, PA

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Credit Card Authorization Form

Client's Name: _____

Responsible Party: _____

Credit Card Information:

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address:

Name as it appears on the Card: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

I hereby authorize this card to be used for future services and/or final payment.

Cardholder Signature: _____

Date Signed: ____/____/____

This Authorization can be faxed to 352.404.5479 or Emailed to: billing@southlakeautism.com