



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND NOTARIZE and RETURN.

All information will remain confidential

I, _____ authorize Neurology Specialists, PA to charge the amount listed below to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Name on Card:

Billing Address:

Credit Card Type:

____ Visa ____ Mastercard ____ Discover ____ AmEx

Credit Card Number:

Expiration Date:

Card Identification Number: _____

Amount to Charge: \$ _____ (USD)

Cardholder – Please Sign and Date

Signature:

Date:
