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CREDIT CARD AUTHORIZATION FORM

LAST FIRST MI
PATIENT NAME

☐ VISA ☐ AMERICAN EXPRESS
☐ MASTERCARD ☐ DISCOVER
TYPE OF CARD

CREDIT CARD NUMBER

MM YYYY
EXPIRATION DATE SECURITY CODE

CARD HOLDER NAME (EXACTLY AS APPEARS ON CREDIT CARD)

CARD HOLDER PHONE #

STREET ADDRESS
CITY, STATE
COUNTRY, ZIP CODE
CREDIT CARD BILLING ADDRESS

I AUTHORIZE SAYEH BEHESHTI, M.D., INC. TO KEEP MY SIGNATURE ON FILE AND TO CHARGE MY CREDIT CARD FOR MISSED APPOINTMENTS AND ANY UNPAID BALANCES FOR SERVICES ALREADY RENDERED.

CARD HOLDER SIGNATURE: _____ DATE: _____

ALL CHARGES WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS “SAYEH BEHESHTI, M.D., INC.” OR YOUR PROVIDER’S NAME.