

Authorization for Credit Card Use

All information will remain confidential

BILLING INFORMATION

Name on Card**Billing Address****Billing State****Credit Card Type**

Visa Mastercard Discover AmEx

Credit Card Number**Billing City****Billing Zip****Expiration Date****Identification Number****Authorization**

I authorize Little Hands Occupational Therapy, Inc. to charge this credit card for late payments on invoices due and payments associated with any documentation, report writing and or consultation which have not been paid in due time according to the practices and policies.

Date: