

CREDIT CARD AUTHORIZATION



Person Authorizing:	
Credit Card Type:	Amex Mastercard Visa
Credit Card Number:	
Expiration Date:	
CCV:	
Billing Address:	
City:	
State:	
Zip:	
Country:	
Phone Number:	

- The undersigned cardholder understands and agrees to the terms and conditions of the credit card authorization process
- The authorized user agrees that all information is accurate and complete
- Disputes to the amounts invoiced should be immediately reported to nick@medxny.com
- Any changes to the status of this card should also be reported to nick@medxny.com

Client authorizes Path/Kimberly Jolly LLC to charge the above credit card on file.

Authorized Signature: _____

Date: _____