

LeBlanc Orthodontics

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE.

PATIENT NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ - _____ - _____ - _____
_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



0000111122223333 999 → Card Identification Number

VISA

Amount To Be Charged Each Month: \$ _____