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# Credit Card Authorization Form

## Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX  
☐ Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Cardholder Postal Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card  
above for agreed upon purchases. I understand that my information will be saved to file for future  
transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date