



## Credit Card Authorization Form

### Credit Card Information

Card Type:  MasterCard  VISA  Discover  AMEX  Other

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Cardholder Name (as shown on card):

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Card Number:

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Expiration Date (mm/yy):

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Cardholder ZIP Code (from credit card billing address):

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I, \_\_\_\_\_, authorize Cultivate Rehabilitation Services, LLC. 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.

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Customer Signature

Date