

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect for 1 year from date of signature.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name (print as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize  
**Helen Shim, M.D., PLLC** to charge my credit card above for agreed upon purchases.  
In the event that I do not comply with the companies 24hr and No-Show Policy I understand that the credit card above may be charged a 24hr cancellation fee or a no-show fee. I understand that my information will be saved to file for future transactions on my account.

_____	_____
Print Name	Date
_____	_____
Customer Signature	Date