

## Credit Card Authorization Form

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:  VISA  MasterCard  American Express  Discover

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

Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_

I authorize Expert Breast Imaging LLC to charge the credit card provided herein as outlined below. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Select One:

Authorize Expert Breast Imaging LLC to a **one-time charge** for \$ \_\_\_\_\_

Authorize Expert Breast Imaging LLC to **keep on file and charge all future invoices\***

Authorize Expert Breast Imaging LLC to **keep on file and charge as outlined below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Terms and Conditions:

\*By accepting these terms, you authorize the above-named company to charge the credit card indicated above automatically for the current and future orders placed by you.