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Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential/secured

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ American Express

Credit Card Number: _____

Expiration Date: ____ - ____ - ____

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

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder — Please sign and date:

Signature: _____

Date: _____

Print Name: _____