



## CREDIT CARD AUTHORIZATION FORM

---

Client's Name (Please Print)

---

Credit Card Holder's Name (Please print exactly as it appears on the credit card)

Credit Card Type:    Master Card \_\_\_\_\_                  Visa \_\_\_\_\_                  American Express \_\_\_\_\_

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

Expiration Date: (e.g. 06/20) \_\_\_\_\_

Security Code:    Visa & MasterCard (3digits in back ) \_\_\_\_\_                  American Express (4 digits in front) \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_                  State \_\_\_\_\_                  Zip Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_                  Date: \_\_\_\_\_

Note: Information on this form will be kept confidential and on the file for billing purposes. Credit Cards are optional methods of payment.

**Home Health Solutions Group**

10300 Sunset Drive, Suite 236

Miami, FL 33173

T-786-991-2300 F-786-991-2304

[www.homeeldercareflorida.com](http://www.homeeldercareflorida.com)    [www.hhsgroup.net](http://www.hhsgroup.net)