



13691 Metropolis Avenue
Fort Myers, FL 33912
Phone: (239) 561-3376
Fax: (239) 561-3020

Authorization for Credit Card Payment

Date _____

I hereby authorize Florida Skin Center to run my credit card over the phone in the amount of _____. I understand that I will have an electronic transaction ran on my account without being physically present.

Patient's Name: _____

Patient's DOB: _____

Type of card: MC Visa Discover Amex Other

Card Number: _____

Card Exp Date: _____

CVV: _____

Name on Card: _____

Address of Card: _____

Card Holder Signature

Date

Witness (Employee)

Date