



705 Bond Way, Delray Beach FL 33483

Office: 561-292-3077 Fax: 567-292-3867 Email: bobr@otstreatment.com

Please sign and fax or email back to above

Credit Card Authorization Form:

Please Check One:

One Time Charge

Re-Occuring Charge

Client Name: _____

Amount : _____

Intended Use: _____

Cardholders Name: _____

Address: _____

Phone #: _____

Email: _____

Card Type _____

Card Number: _____

Expiration: _____

CVV Code: _____

Mc/Visa - 3 digit on back of card

Amex - 4 digit on front of card

Signature: _____

I hereby authorize Oceanview Treatment Solutions to charge my credit/debit card for the intended purpose, as stated above. The funds will be made available within 24 hours of processing payment.