



### Credit Card Payment Authorization Form

Sign and complete this form to authorize *Barba Dermatology or Barba Skin Clinic* to make a one-time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, following orders placed by you via email, fax, phone or text. All orders will be added to your chart.

Please complete the information below:

I  authorize *Barba Dermatology or Barba Skin Clinic* to charge my credit card

(full name)

account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_

(amount)

(date)

This payment is for \_\_\_\_\_

(description of goods/services)

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

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa				<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____						
Account Number _____				Expiration Date _____		
CV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ <input type="text"/>						

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.