



the mandel center

**The Mandel Center of Arizona**

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## Credit Card Authorization Form / Letter Of Authorization To Charge Credit Card

I authorize The MANDEL CENTER of ARIZONA ("MCOA") to charge to the following described credit or debit card.

Card Holder's Name On Card: \_\_\_\_\_

Credit Card Type:  MasterCard  Visa  Debit

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

Exp. Date: \_\_\_\_\_ Security Numbers: \_\_\_\_\_

Cardholder's Billing address:

Street Address: \_\_\_\_\_

Suite/Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Billing Address Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_