

The Mandel Center of Arizona. LLC

8120 East Cactus Road | Suite 310 Scottsdale, AZ 85260

Office: 480.734.1199

Fax: 480.551.3363 www.mandelcenter.com

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:MasterCardVisaDebit	
Credit Card Number:	
Exp. Date:	Security Numbers:
Cardholder's Billing address:	
Street Address:	
Suite/Apt. No.:	
City:	
State:	
Billing Address Phone:	
Alternate Phone:	
Signature:	
Printed Name:	Date: