

Credit Card Authorization Form

TRACY'S MEDICINE CTR- 3171 TUCKER NORCROSS ROAD, TUCKER GA 30084

1. Name on Card* _____
2. Type of Card (Visa, MC,etc.)* _____
3. Credit Card have a chip? Yes No
4. Card Number* _____
5. Expiration Date* _____
6. CCV Number* _____
7. Billing Address* _____
8. Phone number, associated with card* _____
9. Signature of cardholder authorizing Tracy's Medicine Center to charge the card *:

*must fill out