

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Emerald Medical, LLC to charge my credit card account through AthenaNet for services provided for myself or others identified on this form below:

Credit Card: American Express Master Card Visa Other _____

Credit Card #: _____

Expiration Date: _____ VID/CVC Code: _____

Cardholder Name: _____

Billing Address: _____

Zip code: _____

Phone Number: _____

Email Address: _____

CUSTOMERS OUTSIDE THE U.S

For faster verification, please provide your bank's information below:

Bank Name: _____

Contact Person (if available): _____

Telephone No. _____

Email address: _____

This authorization will be used for any charges now and any future use unless you notify us in writing that you no longer want us to use this credit card.

Initial: _____

I am the authorized signee for the above credit card account.

Printed Name _____

Cardholder's Signature Date: _____