

6325 Executive Boulevard  
 Rockville, MD 20852  
 Telephone (301) 770-0275  
 Fax (301) 770-0275

## Credit Card Authorization Form

*This is optional. If you would like to pay using another method, please leave this blank.*

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	CVV: _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	
Email for Credit Card Receipts (if desired): _____	

I, \_\_\_\_\_, authorize Dr. Ellen Dye, Ph.D. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Date