

Dr Melanie Bierenbaum, LLC  
14354 N Frank Lloyd Wright Blvd  
Bldg C, Ste 10  
Scottsdale, AZ 85260

**Credit Card Authorization Form**

I authorize Dr. Melanie Bierenbaum to charge the following credit card:

Name as it Appears on Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMX \_\_\_\_\_ Discover

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

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

**Cardholder's Billing address:**

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

Suite/Apt: \_\_\_\_\_

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

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

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

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

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

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

Date: \_\_\_\_\_