

JOSEPH & NACE OPTOMETRIC CORPORATION

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Fed ID. 87-1111873 NPI-1144994104

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please sign and complete this form to authorize **Joseph & Nace Optometric Corporation** to make debits to your credit card listed below when service has been rendered to you or your family.

By signing this form you have given us permission to debit your account for the amount indicated. This is permission for a single transaction only after patient has been seen and services were performed and not for any unrelated debits or credits to your account

Please complete the information below:

I _____ authorize **Joseph & Nace Optometric Corporation** to charge my credit card indicated below for any pre approved services in this office for the amount of \$_____.

Billing Address: _____

City _____ State _____, Zip _____

Email: _____

Signature: _____

Visa___	MasterCard___	Amex___	Discover___	Care Credit___
Cardholder Name: _____				
Account Number: _____				
Expiration Date: _____				
Signature: _____ Date: _____				

_____ I authorize the above name business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services rendered by Joseph & Nace Optometric Corporation or their staff for the amount indicated above only, I certify that I am an authorized user of this credit card and that I will not dispute the payment made with my credit card company so long as the transaction corresponds to the terms indicated in this form.