



CREDIT CARD AUTHORIZATION AGREEMENT

I hereby authorize House Calls of Arizona dba My Mobile Practice Manager to charge the below listed credit card for my monthly or yearly subscription service and any other additional fees as outlined in the software licensing agreement. It is understood and agreed that I may terminate this automatic payment agreement at any time with written notice as outlined in the software licensing agreement.

Billing charges may appear on my credit card statement as "House Calls of Arizona" or "Healthy Tomorrows; LLC"

Company Name: _____

Name on Credit Card: _____

Billing Address: _____

Billing City _____ **Billing State** _____ **Billing Zip Code** _____

Phone Number: _____

Credit Card (please circle):

Visa

Mastercard

AMEX

Discover

Credit Card #: _____

Expiration Date: ____/____

Card CCN#: _____ (Verification Number on Back of Card)

Signature: _____

Date: _____