



**Emerge and See**  
Practice Management Specialists

### Credit Card Authorization Form

You authorize charges to your checking/savings account or credit card by EmERGE and See, LLC. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "EmERGE and See, LLC."

I, \_\_\_\_\_ do hereby authorize EmERGE and See, LLC to  
Print Name  
charge my credit card as per the Agreement entered into between:

\_\_\_\_\_ and EmERGE and See, LLC.

Credit Card Information	
<input type="radio"/> Visa/Mastercard <input type="radio"/> American Express <input type="radio"/> Discover Card	
Cardholder Name:	Card Number:
Expiration Date:	Card Security Code:
Credit Card Billing Address:	Billing Zip Code:
<b>I hereby authorize EmERGE and See, LLC to charge the above provided credit card for the amount specified in the Agreement.</b>	
Authorized Signature: _____	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify EmERGE and See, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected I understand that EmERGE and See, LLC may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of all credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.