



104 S White Street, Ste 140 Wake Forest, NC 27587
 (919) 679 - 1880 Fax: (888) 315-7712

Credit Card Authorization
CONFIDENTIAL

Patient Full Name	
Patient DOB	
Patient Phone	

Please enter your credit card information for payment processing:

Name On Card	
Card Number	
Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Expiration	
CVV	

By signing below, I give LoginClinics permission to keep my credit card on file and understand that:

- All costs will be discussed with me prior to my credit card being charged.
- I will be charged in full for the cost of today's services.
- LoginClinics does not bill insurance for services provided.
- If I am a Concierge member, further terms and conditions are found in my concierge membership agreement.

Signature of Patient or Legal Representative

_____/_____/_____
Date