

Dr. Merchant and Dr. Merchant
2525 S. Rural Rd. Suite 2N
Tempe AZ, 85282
480-966-9936

Credit Card Consent Form

I _____ authorize the use of my credit card to pay for
the treatment for patient _____

from _____ to _____.

Credit Card Number _____

Expiration Date _____

Billing Address for Credit Card _____

Signature _____