Align Orthopaedic & Spine

5880 49th Street N, Ste N-104, St. Petersburg, FL 33709
Phone: 727-528-6100 Surgery Fax: 727-954-5344
https://www.alignorthospine.com/

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION

Card Type (please check one):

__ MasterCard __ VISA __ Discover __ AMEX __ Other

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP code (from credit card billing address):_____

I, _____, authorize Align Orthopaedic & Spine to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____

Date: _____

Total Amount Due: $ _____

Monthly Payment Amount: $ _____

First payment to start on: _____

Please return this form via fax to 727-528-7895 ATTN: billing or please email to jen.b@alignorthospine.com. Please know that our email accounts are not encrypted. Thank you!