

## Credit Card Agreement

Please fill out this agreement if you would like Dana A. Max, Psy.D. to use your credit card to remit payment.

- Please use my credit card to pay any balance in full at the end of each month (statements available upon request).
- Please use my credit card for a one time payment of: \_\_\_\_\_.
- Please use my credit card for monthly payments of \_\_\_\_\_ to be made on the first of every month until my balance is paid in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Type of Card:

- Visa
- Master Card
- American Express



**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_ (mm/yyyy)

**Security number on Card:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

### Address of Billing Address for Card:

\_\_\_\_\_  
(House Number and Street Name)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip Code)

**Phone Number:** \_\_\_\_\_