



CREDIT CARD AUTHORIZATION FORM

Directions: Complete the form below and send it with a copy of the credit card, front and back, and a copy of your driver's license. Fax to 954-768-0158 or email as attachment to info@BrowardCaregivers.com

I, (print name) _____, hereby authorize VABC, Inc. d/b/a Visiting Angels to charge the following credit card for the initial services deposit and/or for services provided to (print care recipient's name) _____ by Visiting Angels. Visiting Angels' credit card policy is to charge the client for services to be provided in the case of the initial services deposit and/or once services have been provided. Therefore, your signature indicates that you understand and agree to the initial services deposit policy set forth in the Caregiver Placement and Referral Agreement that you have signed (Agreement) and/or that you (or the care recipient if someone other than you) have received the services provided by Visiting Angels as set forth in the Agreement.

Amount to be Charged: Initial Services Deposit \$ _____

All Services for the Period _____, 200__: \$ _____

Email address to send receipt _____

Phone number where you can be reached during the day _____

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ 3 Digit Security Code (back of card) _____

Billing Address _____

Billing City _____ Billing State _____ Billing Zip Code _____

Transaction Date _____

Customer Signature _____

Office use:

Date processed: _____

Posted QB: _____