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Credit Card Authorization

This form is intended to allow Sensawee Play to charge my credit card, in my absence, when occupational therapy services have been rendered for therapy, a conference, or school visit. It is understood that our standing appointments will be charged on date of service.

The following should be filled out in its entirety.

Child's Name: _____

Parent's Name: _____

Name on Credit Card: _____

Billing Address: _____

_____, _____

Please Circle one of the following: VISA / MasterCard / American Express / Discover

Credit Card Number: _____

Exp. Date: ____/____

V-Code (Security Code):

VISA: _____ (last 3 digits on back of credit card)

MC: _____ (last 3 digits on back of credit card)

AmEx: _____ (4 digits listed on front of card above credit card number)

I _____ give permission for Sensawee Play to run my credit card for our standing appointments. We will be charged on the day of our visit/conference/school visit. These charges will be shown on our monthly statements.

Cardholder's Printed Name

Cardholder's Signature
