



Bengtson Center
for AESTHETICS & PLASTIC SURGERY

Credit Card Authorization Form

Payment Option (please check only one)

Visa Master Card Discover AmEx Other (payment terms) _____

Amount to charge: \$ _____

Name of Patient: _____

Name of Cardholder as it appears on the card: _____

Street Address of Cardholder: _____

City: _____ State: _____ Zip: _____

I authorize the Bengtson Center for Aesthetics and Plastic Surgery to charge the agreed amount listed above to the credit card provided. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature of Cardholder: _____ Date: _____

*** Please provide a copy of the cardholder's driver's license or other type of photo ID.**

Additional information: _____

Initials: _____

The below portion is to be cut off & shredded once the transaction is completely processed.

Account Number: _____ Exp. Date: _____

Security Code: _____ (3 digit on back of Visa & Master Card. 4 digit on front of American Express)

Bradley P. Bengtson MD, FACS