

CREDIT CARD AUTHORIZATION

**PLEASE COMPLETE & FAX THIS FORM TO:
310 829-5942**

I, _____, HEREBY
COMPANY NAME & CUSTOMER NAME

AUTHORIZE LAUREN SWERDLOFF, MD INC TO CHARGE MY CREDIT
CARD FOR THE EXACT AMOUNT OF \$_____. THIS PAYMENT WILL BE

APPLIED TOWARD THE PURCHASE OF THE FOLLOWING :

TYPE OF CARD: MASTERCARD	VISA	AMERICAN EXPRESS	DISCOVER
CREDIT CARD #_____			
EXPIRATION DATE: _____			CIN # (last 3 digits from the back of the card)
NAME ON CARD: _____ PRINT YOUR NAME			
BILLING ADDRESS/ZIP OF CARD _____			
AUTHORIZATION SIGNATURE: _____			

**BOTH CUSTOMER AND COMPANY AGREE THAT A SIGNED FACSIMILE
IS AS ACCEPTABLE AS A SIGNED ORIGINAL.**

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from Lauren Swerdloff, MD INC.