



# CHHOKAR CLINIC

2300 Manchester Expressway  
Suite 1001 - Butler Pavilion  
Columbus, Georgia 31904-6802  
Phone: (706) 322-0528 Fax: (706) 322-2080

## Credit Card One-Time Authorization Form

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Security Code: \_\_\_\_\_

Form Version: 2012-1

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