



**CHILDREN'S INNOVATIVE
THERAPY GROUP, LLC**

Credit Card Authorization Form

Please use the following credit card to process payment.

Child's Name: _____

Credit Card Number: _____
(We accept Visa, MasterCard, American Express, Discover and Diners Club.)

Expiration Date: _____ / _____
Month Year

Name on the Card: _____

Email address for the receipt: _____

This credit card is:

to use THIS TIME ONLY.

to KEEP ON FILE for future monthly charges going forward.

Signature: _____

Notes: