



**CREDIT CARD AUTHORIZATION FORM**  
Authorization to honor items drawn and payable to Dr. Lee Wood

Circle one: VISA    MASTERCARD    AMEX    DISCOVER

\_\_\_\_\_  
Name (Exactly as it appears on your card)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV #

\_\_\_\_\_  
Signature of Credit Card Holder

\_\_\_\_\_  
Print Name of Credit Card Holder

\_\_\_\_\_  
Billing Address