

ALAN MANEVITZ, MD
60 Sutton Place South Suite 1CN
New York, NY 10022
T: 212-751-5072 F: 212-751-2148

CREDIT CARD PAYMENT (AUTO-DRAFT) AUTHORIZATION AGREEMENT

I, as the Cardholder/s, hereby authorize ALAN MANEVITZ, MD and/or its business associates to charge my statement balance for my account to my primary or secondary credit card according to the guidelines listed below.

- This credit card transaction will be processed:
 - Automatically each month
 - One time
- This credit card charge will equal:
 - The "Balance" on the statement
 - The amount of \$_____.
- Secondary credit card will be used in the event that an approval cannot be obtained for the primary card number.
- I, as the Cardholder, will be responsible for notifying, in writing, ALAN MANEVITZ, MD and/or its business associates one month in advance if cancellation of this service is requested, or if there are any other changes to the below card(s) information.

Primary Card:

_____ -- _____ -- _____ -- _____
Expiration Date ____/____
MC Visa Amex Discover
Security Code* _____

Complete Cardholder name, address,
and phone number on file with credit card company

Name _____
Street Address _____
City,State,Zip _____
Phone _____

Secondary Card:

_____ -- _____ -- _____ -- _____
Expiration Date ____/____
MC Visa Amex Discover
Security Code* _____

Complete Cardholder name, address,
and phone number on file with credit card company

Name _____
Street Address _____
City,State,Zip _____
Phone _____

Cardholder's Name PLEASE PRINT

Cardholder's Name PLEASE PRINT

Cardholder(s) Signature(s) Required Date

Cardholder(s) Signature(s) Required Date

Please return the completed and signed agreement to:

ALAN MANEVITZ, MD
Attn: Accounts
60 Sutton Place South Suite 1CN
New York, NY 10022

*Security Code:

Amex 4-digit number on the front of the card

MC/Visa/Disc 3- or 4- digit number printed in the signature field on the back of your card