



Pinellas Medical Associates

Orthopedic Surgery and Neurology

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Phone: 727-528-6100 Fax: 727-528-7895

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION

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Cardholder Name (as shown on card): _____

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Expiration Date (mm/yy): _____

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I, _____, authorize Pinellas Medical Associates to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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