



Credit Card Form

I _____, acknowledge and accept full and complete responsibility for prompt payment of all services provided to, or on behalf of, _____ by FUNdamentals Pediatric Occupational Therapy Services, LLC.

I hereby give my permission to FUNdamentals Pediatric Occupational Therapy Services, LLC to charge my credit card provided below in order to process payments for my child.

Client/Parent

Date

Credit Card (Please Circle): VISA MASTERCARD

Name as it appears on the card: _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Address associated with card: _____

Client Signature: _____