

**DELRAY EYE ASSOCIATES, P.A.**

16201 South Military Trail  
Delray Beach, Florida 33484  
561-498-8100  
561-498-8188 – Fax

**CREDIT CARD AUTHORIZATION**

I authorize DELRAY EYE ASSOCIATES to charge my credit card

CHECK ONE:

MasterCard

Visa

American Express

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

\_\_\_\_\_  
Security Code

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

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Cardholder's Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code