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County 16216 Baxter Rd. | Suite 299 | Chesterfield, MO 63017 | Phone 636.536.2600 | Fax 314.849.8700  
Ste. Genevieve | 255 Boderman Ln. | Bloomsdale, MO 63267 | Phone 314.849.8700 | Fax 314.843.8737 Swansea | 510 Fullerton  
Rd. | Swansea, IL 62226 | Phone 618.233.8700 | Fax 314.843.8737

## **CREDIT CARD PRE-AUTHORIZATION**

I authorize Allergy, Asthma & Food Allergy Centers to keep my signature on file and to charge the credit card selected below if my account becomes delinquent or overdue.

Charges may be made on the following patients to keep account current:

_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

☐ MasterCard   ☐ Visa   ☐ Discover   ☐ American Express

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

Cardholder's Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

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

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

Security Code (CVC) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_