



the mandel center

The Mandel Center of Arizona. LLC

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Credit Card Authorization Form / Letter Of Authorization To Charge Credit Card

I authorize The MANDEL CENTER of ARIZONA ("MCOA") to charge to the following described credit or debit card.

Card Holder's Name On Card: _____

Credit Card Type: MasterCard Visa Debit

Credit Card Number: _____

Exp. Date: _____ Security Numbers: _____

Cardholder's Billing address:

Street Address: _____

Suite/Apt. No.: _____

City: _____

State: _____

Zip Code: _____

Billing Address Phone: _____

Alternate Phone: _____

Signature: _____

Printed Name: _____ Date: _____