
RECURRING CREDIT CARD PAYMENT AUTHORIZATION
(PLEASE KEEP ON FILE)

_____ / _____
Credit Card Number Expiration Date (cvv code)

I authorize DOC Development, Inc. (CPAPAssistance.com) to keep this credit card on file for payment after (every) service is rendered. (No VA credit cards are kept on file) A receipt for each payment will be provided to you, and the charge will appear on your credit card statement. I take full responsibility and understand that I am obligated to pay the invoiced amount in full. I understand that this authorization will be in effect until I cancel in writing, and I agree to notify CPAPAssistance.com of any changes in my account information. By typing my full name below, I submit this as my digital signature. I certify that I am the authorized user of this credit card, and will not dispute these scheduled transactions.

Card Holder Name: _____

By typing my name above, this serves as my digital signature. Please check.

Date: _____

Billing Address: _____
(same as cardholder) _____

**CLICK SUBMIT BELOW TO EMAIL DIRECTLY, OR
FAX TO 678-509-1505**

DOC Development, Inc.
c/o CPAPAssistance.com
2500 Park Central Blvd, Ste A6
Decatur GA 30035

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