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CREDIT CARD AUTHORIZATION FORM:

I hereby give Jan M. Snyder, Ph.D. permission to bill my credit card for any outstanding fees owed to her for her professional services. I understand that there will be a service charge of 3.50% added for charges of \$500 and above.

Name on credit card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Zip Code associated with card: _____

Signature: _____

Date