



Credit Card Authorization Form

Client Name: _____

Guarantor Relationship: _____

Admission Date: _____ Monthly Charge: \$ _____

Authorization to charge card monthly for fees check here: Yes____ No____

Credit Card Information

Cardholder Name: _____

Type of Card: _____ Credit Card Number: _____

Expiration Date: _____ CCV Code: _____

Billing Address (address where monthly credit card statements are received)

Phone Number (associated with credit card): _____

As cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay the monthly fee, and specifically authorize Buena Vista Recovery, LLC to charge my credit card for services provided to the above named client. I further agree that in the event my credit card becomes invalid, I will provide Buena Vista Recovery, LLC with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Buena Vista Recovery, LLC.

Guarantor Signature: _____

Printed Name: _____

Date: _____