



Ptarmigan
Connections, LLC
3505E Meridian Park Lp, Ste 200
Wasilla, AK 99654
ptarmiganconnections.com

Credit Card Pre-Authorization Form

I authorize Ptarmigan Connections, LLC, to keep my signature on file and to charge the credit card selected below for the following:

- Balance remaining after claim(s) is(are) resolved for:
 - This consultation only _____ (date)
 - All consultations this calendar year
 - All consultations from _____ to _____ (dates)
- Recurring charges of \$ _____ to be charged on the _____ of every month.
(Suggested minimum to pay off balance within 6 months)
- From _____ until paid in full
(auth start date)

Charges for the following family members are authorized to be charged as above:

_____	_____
(authorized family member)	(authorized family member)
_____	_____
(authorized family member)	(authorized family member)
_____	_____
(authorized family member)	(authorized family member)

I understand this payment plan is for outstanding dates only, any future visits need to be paid for at time of service. If I am unable to pay at time of service I understand my payment plan will be re-evaluated and my monthly payment amount may change along with a new payment plan being signed. _____ (initials)

Check one: Visa MasterCard

Cardholder Name: _____

Cardholder / Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card: _____ Exp. Date: _____ CVV: _____

Cardholder Signature: _____ date: _____