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**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Enclosed you will find a statement of your account with current balance information. Interest of 2.0% per month is assigned to all charges which are 60 days or older. You may pay your balance by check or credit card. If you choose to pay by credit card, please complete the information below and mail or fax (202-223-8531) it to my office. A return envelope is enclosed for your convenience. If you have already sent payment, please disregard this notice. Thank you.

For credit card payment:

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card:            Visa            Master Card            Discover            American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_  
(3 digit number on the back of Visa, Master Card, Discover Cards and 4 digit number on the front of American Express Cards)

Amount To Be Charged: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you wish to have future bills automatically charged to the above credit card, please sign and date below:

Signature \_\_\_\_\_

Date: \_\_\_\_\_