Venice Culver Marina Medical Group, Inc.
Specialist In Industrial Medicine

Venice Culver Marina Medical Group
12212 W. Washington Blvd.
Los Angeles, CA 90066
Phone (310) 391-5241 **Fax** (310) 397-4324

Credit Card Billing Authorization Form

Sign and complete this form to authorize **Venice Culver Marina Medical Group** to debit to your credit card listed below for billing purposes. By signing this form you give us permission to debit your account for the agreed amount. This is permission to keep the following credit card information on file for any transaction associated with your account.

Please complete the information below:

I _____ authorize Venice Culver Marina Medical Group to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

_____.
(description of medical services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I hereby authorize Venice Culver Marina Medical Group to charge the indicated credit card associated with my account. Including if necessary adjustment to any changes to my account. In order to cancel the billing process I'm required to contact Venice Culver Marina Medical Group . I agree that if I have any questions regarding my account or service provided by Venice Culver Marina Medical Group I will contact their office. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.