



5438 ALPHA ROAD  
DALLAS, TEXAS 75240

Telephone (972) 233-1312  
Fax (972) 701-0322

Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Type of Card: Visa \_\_\_ MC \_\_\_ AmEx \_\_\_ Discover \_\_\_ Other \_\_\_

Account number \_\_\_\_\_

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

Security Code \_\_\_\_\_

Shipping Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Order/Invoice Number \_\_\_\_\_

Item(s) Purchased \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

By signing this form, you authorize Honor Franklin Myofunctional & Speech Clinic to charge your card for the amount listed above.

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