



Form & Function Osteopathic Medicine

Dr. Kris Sornberger

One Cumberland Place Suite 112 • Bangor ME

Call/Text 207 • 307 • 0816 Fax 207 • 433 • 1050

FormFunctionOsteopathic@gmail.com

Credit Card Authorization Form

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	<input type="checkbox"/> Other _____	<input type="checkbox"/> HSA	<input type="checkbox"/> DEBIT	<input type="checkbox"/> Credit
Cardholder Name (as shown on card): _____				
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I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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