



CREDIT CARD AUTHORIZATION FORM

(Please photocopy the card being processed and return with this authorization form.)

Client's Name: _____

Check all that apply:

Client Fees Court Appearance Jail Screening Drug Screen
Food Voucher MARTA Card Other: _____

Amount authorized to charge:

_____ Dollars And _____ /100 (\$ _____ . _____)

Circle One: Visa Master Card AMEX Discover Diner's

Card Number: _____

Expiration Date: _____

Name (as it appears on the card): _____

Billing Address for Card: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Fax:** (_____) _____

Cardholder acknowledges receipt of goods and/or services in the amount of total shown hereon and agrees to perform the obligations set forth in the cardholders agreement with the card issuer.

I authorize Alpha Recovery Centers to process this charge against the card listed above in the amount stated in this authorization form.

Cardholders Signature

Date

680001000843966
Alpha Recovery Centers
P. O. Box 250146
Atlanta, GA 30325
(404) 329-9991
(404) 459-9769 [FAX]

OFFICIAL USE ONLY	
Processed on: _____	By: _____
Reference Number: _____	Approval Number: _____