Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
248 255 5870

AUTHORIZATION TO CHARGE CREDIT CARD

I,_____, hereby authorize the use of my

_____to pay for services rendered to Assured Home Nursing Services.

(Visa, Master Card, Discover)

I further authorize Assured Home Nursing Services to charge the credit card every two weeks for services rendered.

My credit card information is as follows:

(We accept Master card, Visa and Discover)

Credit Card Type: _____

Credit Card No: _____

Expiration Date: _____

CVV/CD Code: _____

Name on CC: _____

Billing Address: _____

Of Credit Card: _____

City State & Zip: _____

Contact Telephone: _____

E-mail Address: _____

Card Holder Signature: _____ Date: _____