



Sage Recovery & Wellness Center  
7004 Bee Caves Road  
Building 2 – Suite 200  
Austin, TX 78746  
Phone: (512) 306-1394 Fax (512) 306-1603

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CREDIT CARD PAYMENT AUTHORIZATION FORM

**CREDIT CARD HOLDER INFORMATION:**

Please check credit card type:

VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_ AMERICAN EXPRESS \_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ SECURITY CODE (ON BACK OF CARD) \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CLIENT NAME (if different from card holder): \_\_\_\_\_

**AUTHORIZATION:**

I authorize Sage Recovery & Wellness Center to automatically process payment using the credit card listed above as services are rendered.

CARD HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_