

Lux Therapy Center  
Bijal Patel LLC

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Bijal@luxtherapycenter.com

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## Credit Card Authorization Form

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I: \_\_\_\_\_,

Please check and initial one below:

\_\_\_\_ authorize Bijal Patel LLC, to charge my credit card indicated below for payment of my current and future sessions and of full payment for missed appointments unless otherwise negotiated.

\_\_\_\_ authorize \_\_\_\_\_ to use the credit card indicated below for payment of his/her current and future sessions and of full payment for missed appointments unless otherwise negotiated, with Bijal Patel, LLC.

### Credit Card Information:

Name as it appears on the card: \_\_\_\_\_

Type of card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Security Code: \_\_\_\_\_

### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Cardholder or Company representative's signature: \_\_\_\_\_

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