

Institute for Stress Control
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PATIENT CREDIT CARD AGREEMENT

The undersigned authorizes the Institute for Stress Control to charge to their credit card (information below):

Signature of Cardholder: _____ Date: _____

Print Patient's Name: _____

Credit card to be charged: DISCOVER MASTERCARD VISA

Credit Card Number: _____/_____/_____/_____

Expiration date: _____ VCode: _____
 Month Year

Amount to be charged: \$_____.

Name as it appears on card: _____

Receipt: YES NO