

CPE CLINIC, LLC

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CREDIT CARD AUTHORIZATION FORM

Credit Card Type: Visa Mastercard American Express Discover

CC number: _____

Exp. Date: ____ / ____

3-digit security code: _____

I hereby authorize CPE Clinic, LLC to make charges to the credit card listed on this form, according to the services received at and by CPE Clinic, LLC, in accordance with the outlined costs in the document "Office Procedures and Policies."

Signature of credit card holder: _____ Date: _____

Printed name of card holder: _____

MICHAEL J. LABELLARTE, M.D.; THERESA P. SHANK, PH.D.;
LAURA K. FRAZIER, PH.D.; AND JAMIE BLUM, LCSW-C

- **Annapolis, MD:** 2568A Riva Rd # 103 Annapolis, MD 21401
- **Annapolis, MD:** 134 Holiday Ct Suite 312 Annapolis, MD 21401
- **Columbia, MD:** 8940 State Route 108, Suite E Columbia, MD 21045
- **Millersville, MD:** 1110 Benfield Blvd. Suite H, Millersville, MD 21108
- **Baltimore, MD:** The Rotunda, 711 W 40th St Suite 428, Baltimore 21211