Alliance Behavioral Health Specialists
43155 Main St, Suite #2316
Novi, MI 48375

Phone: (248) 934-0274, Ext 102 or operator
Fax: (248) 934-1987
Email: info@abhsnow.com

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ Master ☐ Amex ☐ Discover ☐

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Card Number _____

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Billing Address _____

City, State, Zip _____

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Reason for Charge _____

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Amount to be Charged _____

By Signing this form, I ---------- authorize Alliance Behavioral Health Specialists, PLLC, to charge my card for the amount listed above.

Signed: _____ Date: _____