



The Fertility Center
of Las Vegas

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Sub-specialty Board Certified in
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TELEPHONE CREDIT CARD AUTHORIZATION

AMOUNT \$ _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SECRET CODE (typically found on back or front of card) _____

- VISA
 MASTERCARD
 AMERICAN EXPRESS
 DISCOVER
 CARE CREDIT

I give the Fertility Center of Las Vegas authorization to run my credit card over the phone.

SIGNATURE _____ DATE _____

Your credit card **MUST** have a signature

PRINT NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

****Please fax this form back to 702-240-0686 OR 702-254-1213****