

**Instructions**

1. Complete the authorization in the next box. We accept American Express, Visa, MasterCard, Discover
2. FAX the completed authorization to 800-356-1969 or email to [kwasney@carevalue.com](mailto:kwasney@carevalue.com)
3. The charge will appear on your statement as "Care Value, Inc."
4. This authorization must be completed even if you participate in the Care Value lead program
5. There is a 3.5% charge added to all credit card transactions

**Authorization**

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

3 digit security code (4 if using AMEX extra 3%): \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I authorize Care Value, Inc. to charge my account in the amount of \$ \_\_\_\_\_

Description for Charge: \_\_\_\_\_

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