Culpeper Medical Clinic
Walk-in & Primary Care

451 James Madison HWY, #104
Culpeper, VA 22701
P – 540.727.8880 F – 540.727.8882

Name: _____ DOB: _____

Credit Card Payment Authorization

I, _____ authorize Culpeper Medical Clinic to charge my credit card for the following amount: $_____.

Credit Card Information

Name on card: _____

Card Number: _____

Exp Date: ____/_____ Code on back of Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____