



154 S. Livingston Avenue · Suite 204 · Livingston · NJ 07039 · (973) 535-5010 ·  
www.pediatricpotentialsnj.com

**We accept American Express, Visa and Mastercard**

**(credit, debit or health savings)**

*\*All credit card information needs a CVV number.*

***Credit Card Authorization***

Credit card charges for services will be processed by **SN Pediatric Potentials, Inc.** If you use a credit card to pay for your child's services, please provide us with **all of the following information** and return to the main office so we can ensure your credit card is processed properly. Completion of this form authorizes SN Pediatric Potentials, Inc. to process treatment and consultative services provided by this facility on the credit card listed below.

**Name on card:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**Credit card type:** AMERICAN EXPRESS    VISA    MASTERCARD  
(circle one)

**Card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **CVV number:** \_\_\_\_\_  
(Visa/MC: last 3 digits on back, AMEX: 4 digits on front)

**Billing address:**  
(Street Address) \_\_\_\_\_

(City, State, ZIP CODE) \_\_\_\_\_

**Cell number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Therapist's name:** \_\_\_\_\_