



Encore Caregivers

Encore Caregivers, LLC
7925 Katy Freeway, Suite N
Houston, TX 77024
ATTN: Billing Department

Phone: 713-686-2233

Fax: 713-686-9200

www.encorecaregivers.com

e-mail: care@encorecaregivers.com

The undersigned cardholder hereby instructs and authorizes Encore Caregivers, LLC to charge the credit card described below for charges invoiced for homecare services rendered for:

(Client Name)

Credit Card Authorization

VISA Master Card American Express Discover

Credit Card Number

Expiration Date ____/____ VID Code _____ (3-4 digits – small, on reverse of card)
(4 digits on front of A/E card)

Name of Card Holder _____

Credit Card Billing Address

Street _____

City _____ State _____ Zip _____ - _____

As the credit cardholder described above, I hereby authorize payment for services delivered and invoiced by Encore Caregivers, LLC.

Cardholder's Signature

Date