



Suzy Dilorio
M.S., CCC-SLP

PEDIATRIC SPEECH-LANGUAGE PATHOLOGIST

Empowering children to reach their highest potential

CREDIT CARD AUTHORIZATION

I authorize Suzy Dilorio, LLC to charge my Credit Card.

Credit Card Number: _____ Expiration Date: _____
CVV# _____

Credit Card Billing Address Zip Code: _____

I understand that the above-referenced is for services rendered on my behalf and at my request Suzy Dilorio, LLC. I acknowledge that, by providing this service Suzy Dilorio, LLC has met its obligations for these chargers.

Patient Name: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Date: _____