



Encore Caregivers

Encore Caregivers, LLC
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PLEASE FAX OR E-MAIL THIS COMPLETED FORM PRIOR TO YOUR PROCEDURE

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 _____ e-mail: _____

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

Quoted rate: \$130 for up to 4 hours (includes parking), plus \$21.50 per hour, minimum of one hour for time over 4 hours. Mileage, incurred by caregiver for transporting client will be billed at \$.55/mile. Card will be charged only after service has been given. cc: Accounting and Administration