



16450 Los Gatos Blvd. #112
 Los Gatos, CA 95032
Phone: 408-402-0450
Fax: 408-402-0950

Client Credit Card Information

Company Name		Contact Person			
Credit Card Billing Address			City	State	Zip Code
Type of Credit Card – Circle One <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Credit Card # - - -			Exp. Date /	CCV
Name as it appears on card:					

I have read and fully understand the terms and conditions expressed in my current agreements for access to PsychNotesEMR with American Psychiatric Management Services, LLC. My signature below indicates that I agree to abide by these terms and conditions. My signature below further indicates that I authorize American Psychiatric Management Services, LLC to apply charges using the credit card information given above for additional support hours up to _____ hours of technical support provided by APMS beyond the support hours included in my current agreements with APMS. I understand that charge rate for these hours will be at \$175/hour and that the minimum charge for each contact is 0.25 Hours.

Signature: _____ **Date:** _____

Print Name: _____

***Change in credit card information:**

Date	New Credit Card #:	Exp.	Staff Initials
	Signature: _____		
	Signature: _____		
	Signature: _____		