

Center for Integrative Health, LLC
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AUTHORIZATION TO CHARGE CREDIT CARD

I, _____ authorize Center for Integrative Health, LLC to charge my credit card for any and all balances including those relating to medical care, intravenous treatments, purchase of supplements, telephone consults and e-mails (cross out any exclusions). I agree that if my credit card does not accept the charge, I will immediately make payment to Center for Integrative Health, LLC for the amount due.

I understand I may cancel this authorization in writing at any time, but by doing so I acknowledge that payment will be expected at the time of service.

PRINT NAME as it appears on credit card

Signature/Date

MC/VISA _____
Account No.

Billing Address: _____

Expiration Date: _____

3 Digit Code: _____

I acknowledge receiving a copy of this agreement: _____
(Signature and Date)