Center for Integrative Health, LLC
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Tel: 203-834-2813 Fax: 203-834-2831

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:_______

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