

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us, however we require credit card information to hold or make any future appointments per our cancellation policy.

This authorization will remain in effect until canceled.

Credit Card Information					
Card Type:	☐ MasterCard	□VISA	□ Discover	□ AMEX	
	Other				
Cardholder N	Jame (as shown on car	rd):			
Card Number	r:		CVV (3 digit code back of card):		
Expiration D	Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):					
I, above for agre transactions or	ed upon purchases. I		alth / Elixia to c information will be saved		
Customer Signature		Date			