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Credit Card Authorization Form

I, _____ hereby authorize Acubalance Wellness Centre, to charge the following credit card account below for all herbal remedies and consultations or appointments:

Credit Card Information (Please Print)

Card Number: _____

PIN Number (Last 3 digits on back of credit card) _____

Expiration Date: _____ Card Type: Visa _____ Mastercard _____

Name on Card: _____

Billing Address: _____

Street/ P.O

City

Province

Postal Code

Signature: _____ Date: _____

As the credit card holder, I also authorize Acubalance Wellness Centre to charge my credit card for future purchases verbally approved by me.