



AUTHORIZATION FOR CREDIT CARD USE

Name on Card	
Billing Street Address	
Billing City / State / Zip Code	

Credit Card Type: Visa MasterCard Discover Amex

Credit Card Number: _____

Expiration Date: ____ / ____ CVN: ____

I hereby authorize Back 2 Balance Health & Wellness to charge this designated credit card for services rendered and/or products purchased. This card will remain on file for future use unless other arrangements are made.

Cardholder Signature: _____ Date: _____

Credit Card Authorization Form

