

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I agree and authorize Jennifer Layne Acupuncture and Wellness to charge the above credit card account for any payment. I agree that I am the authorized user of this account. I agree to update any information regarding this credit card account. By signing Below, I authorize Jennifer Layne Acupuncture and Wellness to keep my signature and credit card information securely on-file in my account.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____