

## Credit Card Authorization

I, \_\_\_\_\_, authorize North Dallas Wellness Center

to charge \_\_\_\_\_ (print name)

\$ \_\_\_\_\_ (amount of purchase)

to credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ Security code (CVV): \_\_\_\_\_

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**American Express**

**Discover**

**MasterCard**

**Visa**

Cardholder Name (as it appears on card) \_\_\_\_\_

Cardholder Address (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone (business) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

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North Dallas Wellness Center

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