

Credit Card Authorization

I authorize North Dallas Wellness Center, for approved fees or purchases.
to charge credit card number:

Expiration date: ____/____ Security code (CVV): _____

American Express

Discover

MasterCard

Visa

Cardholder Name (as it appears on card) _____

Cardholder Address (street) _____

(city) _____ (state) _____ (zip) _____

Phone (cell) _____

Verbal permission to charge fees (lab work out of office, supplement refills)
to card on file