

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): _____

American Express

Discover

MasterCard

Visa

Cardholder Name (as it appears on card) _____

Cardholder Address (street) _____

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

Phone (business) _____ Phone (cell) _____

North Dallas Wellness Center

Phone: 214.696.3885

Fax: 214.696.3897