



CREDIT CARD AUTHORIZATION

Authorization to purchase products, goods, and services (Massage Therapy, Acupuncture, Fitness Training and other wellness services) from Pure Wellness on a continuing basis using the credit cards described herein and the terms described below, unless otherwise instructed in writing by the credit card holder. All information entered on this form is kept strictly confidential by Pure Wellness.

PATIENT NAME

DATE OF BIRTH (DD/MM/YYYY)

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ADDRESS

CITY / TOWN

PROVINCE / STATE

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POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

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TYPE OF CARD

Visa

MasterCard

American Express

Credit Card Number

Expiration Date

CVC Code

SIGNATURE

Date

I, _____, the undersigned, unconditionally authorize Pure Wellness to charge the above described credit card for any outstanding payments on my account, or those persons listed below, that have not been covered through my health insurance company. I certify that the statements and information made in this agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number. In the case of any issues or disputes concerning any transactions, I will notify Pure Wellness promptly to rectify the situation prior to notifying my credit card company. I hereby authorize collection of payment for all charges as indicated above.

This credit card may also be used for the following person(s):

PERSON 1

PERSON 2

PERSON 3

PERSON 4

SIGNATURE