

Credit Card on File Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION

Card Type

- MasterCard Visa American Express
 Discover Diner Club Other

Cardholder Name (as shown on card)

Card Number

Expiration Date (MM/YY)

Cardholder Zipcode (from billing address)

I authorize FIVE STONES Integrative Health to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Signature

Date of Agreement