## 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.

Discover Diner Club Other  Cardholder Name (as shown on card)  Card Number  Expiration Date (MM/YY) Cardholder Zipcode (from billing address)  authorize FIVE STONES Integrative Health to charge my credit card above for agreed upon purchases. I understand that information will be saved on file for future transactions on my account.	Card Type	
Card Number  Expiration Date (MM/YY) Cardholder Zipcode (from billing address)  authorize FIVE STONES Integrative Health to charge my credit card above for agreed upon purchases. I understand that information will be saved on file for future transactions on my account.  Signature Date of Agreement	○ MasterCard	<ul><li>Visa</li><li>American Express</li></ul>
Expiration Date (MM/YY)  Cardholder Zipcode (from billing address)  authorize FIVE STONES Integrative Health to charge my credit card above for agreed upon purchases. I understand that information will be saved on file for future transactions on my account.  Signature  Date of Agreement	Discover	<ul><li>Diner Club</li><li>Other</li></ul>
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