



Holistic Wellness Center
NEW YORK

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www.holisticwellnesscenterny.com

Credit Card Authorization Form

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

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card):

Card Number: _____

Expiration Date: (mm/yy) _____

Cardholder ZIP Code (from credit card billing address):

I, _____, authorize *Holistic Wellness Center New York* to charge my credit card above for previously agreed upon purchases.

Specific recurring fees for services rendered are:

\$ _____

\$ _____

I understand that my information will be saved to file for future transactions on my account.