

House of Wellness CC Authorization Form
4546 N Federal Hwy
Ft Lauderdale, FL 33308

Credit Card Authorization Form

I hereby give House of Wellness authorization to charge the below credit card for services rendered to:

MasterCard Visa Discover American Express

Credit Card # _____

Expiration Date: _____

Credit Verification Number (3 digit # on the back of the card) _____

Cardholder Name: _____

(As it appears on card)

Cardholder billing address: _____

(As it appears on the credit card billing statement)

Cardholder's signature: _____ Date: _____