



Shanti Wellness, LLC

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Credit Card Authorization Form

****The following card will be charged according to the practice policies****

Date ____/____/____ Patient Name: _____

Credit Card Information

Name as it appears on the Card:

Type of Credit Card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Number: _____

Expiration Date: ____/____

Security Code (3 digits on BACK of Visa OR Master Card): _____

Security Code (4 digits on FRONT of Amex Card): _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Customer Service Telephone Number: _____

By signing below, I authorize Shanti Wellness, LLC to use this card for payment of services rendered and for any fees that are due.

Cardholder's Printed Name: _____

Cardholder's Signature: _____ Date: _____

This authorization form can be emailed (not secure unless document is encrypted), securely faxed to the number above, or mailed to Shanti Wellness, LLC.