



Credit Card Authorization

Name as it Appears on Card: _____

Card Number: _____ **Expiration Date:** _____

Billing Address: _____

City: _____ **State/Zip:** _____

CVV/Security Number (3 or 4 numeric digits): _____

Credit Card Holder's Signature: _____

Client's Signature: _____

(Signature indicate that you agree to allow Balanced Living to make charges to above card without you present, and that you authorize Balanced Living to leave this card on file with Theranest)

Please provide a Release of Information if the name of the card and the client is different, this would enable us to communicate regarding payment only.
