



ACUPUNCTURE & HOMEOPATHY CENTER

8615 Commodity Circle, suite 100 Orlando, FL 32819
Tel: (407)373-0606

Credit Card Payment Authorization Form

Please complete and SIGN this form to authorize Acupuncture & Homeopathy Center (Acuhomeo) to make a debit to your credit/debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Acuhomeo to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(\$ amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.