Restorative Health Clinic

6564 SE Lake Rd, Ste 100
Milwaukie, OR 97222
P: 503-747-2021 F: 503-747-2802
www.restorativehealthclinic.com

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Info

Card Type: Mastercard VISA Discover American Express

Other_____

Cardholder Name (as shown on card)_____

Card Number_____

Expiration Date_____

Security Code_____

I,_____, authorize Restorative Health Clinic to charge my credit card above for agreed upon purchases. I understand that my information will be saved to my account in a secure location and used only for future transaxtion on my account.

_____ _____

Signature Date