

Integrative Therapy Institute of NJ

Credit Card Approval

Patient's Name _____

Name on Credit Card _____

Credit Card # _____

Expiration Date _____

CRV # _____

Signature _____

Minimum payment is \$25.00. Therefore, if your payment is under that amount, we will charge your card for however many sessions it will take to cover the maximum amount and hold a credit on your account.

We reserve the right to refuse to take credit cards if a card is declined.