

# Integrative Therapy Institute of NJ

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## 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 cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV: _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize Integrative Therapy Institute of NJ to automatically charge my credit card for any agreed fees. I understand that my information will be saved to file for future transactions on my account. By signing this I authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date