

# ACUPUNCTURE AND CHINESE MEDICINE CENTER

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## Credit Card Authorization Form

I, \_\_\_\_\_ hereby authorize Acupuncture and Chinese Medicine Center, to charge the following credit card account for any services provided by ACM center (treatments, phone/in-person consultations, herbal and/or shipping fees, etc...).

### Credit Card Information (Please Print)

Card Number: \_\_\_\_\_

PIN Number (Last 3 digits on back of credit card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

State

Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_