

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 services or products rendered.

In the event of non-payment or loss of coverage from insurance providers, this card will be charged for any and all 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: _____