

**Vitality Health and Wellness, LLC**

410 Meridian Ave Suite 101

Miami Beach, Fl 33139

Ph: 305.466.1100 / Fax: (305) 466.1160

**CREDIT CARD AUTHORIZATION FORM**

**The undersigned authorizes Vitality Health and Wellness to keep my signature and credit card information on file, and charge my credit card for all charges incurred by me in the future.**

Patient Names: \_\_\_\_\_

DOB: \_\_\_\_\_

Credit Card Info (Visa, Mastercard and American Express ONLY): \_\_\_\_\_

Card Type: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Print Card Holder's Name (if different from patient):

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

\*This form may be used without prior authorization for charges regarding initial consultations, "no show" appointments in compliance with our cancellation policy (cancellation number required for disputes), and/or for outstanding balances.