

Keep Credit Card on File

We make paying your charges hassle free! Simply fill out this form and the credit card of your choice will be on file so it's always ready when you are. Each transaction will be recorded as a debit on your credit card/bank statement. Your detailed invoice will inform you of the debited amount, date of transaction and related charges.

Card Holder Name (As it appears on card)	
Billing Address	
Phone	
E-mail	
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number	
Expiration Date	
Card CVV2 or CVC2 or CID Code <small>Visa (CVV2) & Mastercard (CVC2): 3 digit number on back American Express (CID): 4 digit number on the front</small>	

I, _____, authorize the Northport Wellness Center to charge my credit/debit card for the above services.

Card Holder Signature: _____ Date: _____

Please Note: Credit card and address information is confidential.

"Our mission is to direct people to the realization that life and healing come from within; and ultimately that the promotion and maintenance of health is superior to the treatment of disease"