

Hajek Homeopathic Care, LLC

7104 W. Lake St
St. Louis Park, 55426
952-222-7679

CREDIT/DEBIT CARD ON FILE AUTHORIZATION

All information on this sheet is kept secure and confidential and can be updated or changed upon client request. Receipts and year-end statements can be provided electronically upon request.

Client name: _____

Cardholder name (as it appears on card): _____

Card type (circle one) VISA MASTERCARD DISCOVER AMEX

Card number: _____

Exp date: ____/____ CCV: _____

Zip Code of billing address: _____

Client signature: _____

Date: _____

I agree to maintain a current Credit/Debit Card on file.