



CONVENTIONS wellness

Credit Card on File

I authorize Conventions Wellness to keep the following credit card(s) information on file.

Primary Card Account

Name on credit card (Exactly as printed)

Billing Address

Credit Card Number

Exp. Date

CVV

Signature

Date

Secondary Card Account

Name on credit card (Exactly as printed)

Billing Address

Credit Card Number

Exp. Date

CVV

Signature

Date

I authorize Conventions Wellness to charge my credit card on file for the following balances:

Office Visit (including lab/EKG, if service provided)

Injections/injection packages

No-show fee

Late cancellation fee

Conventions Wellness will request permission to use card on file for any charges accrued during the visit with the exception of the no-show/late cancellation fee. The no-show/late cancellation fee will be an automatic, non-refundable charge that aligns with our Late Cancellation/No-Show Policy.

I have read and understand the 'Credit Card on File' form and agree to its terms.

Signature

Date

Printed Name