

Date \_\_\_\_\_

I, \_\_\_\_\_, authorize Morovati Wellness Center to charge my credit card number \_\_\_\_\_ with expiration date of \_\_\_\_\_, to be charged for the sum of \_\_\_\_\_ dollars on the \_\_\_\_\_ day of the month for;

Security code: \_\_\_\_\_

Credit Card

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date