



## Desert Hot Springs Health & Wellness Center

# Credit Card Authorization Form

Item(s) Purchasing/Renting: \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Check here to hold for deposit only

Name on the Card: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Card:      Visa \_\_\_\_\_      MC \_\_\_\_\_      AMEX \_\_\_\_\_      Discover \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Security Code: \_\_\_\_\_

By signing this form you authorize Borrego Health to charge your credit card for the amount listed above.

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

Credit Card to be charged on \_\_\_\_/\_\_\_\_/\_\_\_\_