



## Anita M. Larrow, ND

Bringing Naturopathic Medicine To Your Door

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### Credit Card Authorization Form

I (Please print) \_\_\_\_\_ authorize Anita M. Larrow, ND to charge my credit card for, and if need be due to mitigating circumstances which prevented normal payment the day of, a visit, and/or services rendered, supplements, and/or other items (tinctures, supplies, etc.), or any outstanding missed appointment fee as stated in the General Policy form. Below is the appropriate credit card information:

**Credit Card (CC) Type** (Please check only one):

- VISA
- MasterCard
- Discover
- American Express

**Name As It Reads On Card** (Please print): \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Credit Card Expiration Date** (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

**CVV/CVC Security Number On Back:** \_\_\_\_\_

**Credit Card Company Phone Number On Back of Card:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Billing Address As On File With Credit Card Company** (Please print all):

**Street Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Phone Number On File With Credit Card Company:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\* By signing below you agree to the above terms in the first paragraph of this authorization form, and that the information written on this form is true and correct. \***

**Signature Of Credit Card Holder:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_