



AUTHORIZATION OF CREDIT CARD USE

I _____ authorize my credit card to be charged \$90 for evaluation of my salivary lab results and nutritional recommendations for me or for the person listed here: _____.

Credit Card holder's Name: _____

Visa Amex Mastercard Discover (circle one)

Credit card Account # _____

Credit card billing address: _____

Signature of credit card holder _____ **date** _____

Please fax back to (323) 297-0568

Thank you,

Kathleen Marazoni
Office Manager