

Acu Health of Utah Integrative Medicine, Inc.

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3350 S. Highland Dr.
Salt Lake City, Utah 84106
Telephone: 801-521-0531 Fax: 801-521-2654

CREDIT CARD AUTHORIZATION

I authorize Acu Health of Utah Integrative Medicine, Inc. to charge my

___ Visa ___ MasterCard ___ Discover

___ All medical services until this authorization is revoked in writing.

___ Treatment day charges only. Total: _____

___ The following herbal supplements: _____ Quantity _____

For today only

For today and any future orders

I would like to pick up order at the office.

I authorize _____ to pick up my order

Received by: _____
(Signature) (Date)

I would like the order drop shipped (for an additional cost of \$9.52) to:

My Billing Address Alternate Address

Alternate Address: _____

Account Number: _____.

Expiration Date: _____

Name as it appears on card: _____

Billing address on card: _____

These charges are for the following services: _____

Patient Name: _____

Patient Signature: _____

Today's Date: _____