39-34 Riverwood Parkway
Etobicoke ON M8Y 4E1
647-780-5221

milva.homeopathy@gmail.com

CREDIT CARD AUTHORIZATION CONSENT FORM

Please complete the information below:

I ______________________________ hereby authorize Milva Petrova (Milva Homeopathy) to charge my credit card
(full name)

indicated below for the payment of my and/or my family's homeopathic consultations.

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name ____

Credit card Number ____

Expiration Date _____________

CVV (3 digit number on back of Visa/MC _______

Billing Address ______________________________ Phone# __________________________

Country, City, State, Zip/Postalcode ____

Email __________________________

Total amount to be charged for a consultation on ...., 2020 is $ .... CAD

/ Please write the **date** and the **amount/**

Authorized signature of the card holder:_________________________________

I authorize the Milva Petrova to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE ____ DATE _____________________