

**Credit Card Authorization to:**

***Homeopathy Center of Houston***  
**7670 Woodway, Ste. 340**  
**Houston, Texas 77063**  
**713-366-8700**

*Please complete the following information and mail this form to our office. This information will be kept confidential and used only when charges are incurred for, but not limited to, consultations by telephone, page returns, remedies or other products, missed appointment or insufficient notice of cancellation fees, shipping and handling.*

I hereby authorize Homeopathy Center of Houston to charge my credit card for services rendered, missed appointment or insufficient notice of cancellation fees and/or products provided by the Center in the course of homeopathic consultations. I understand that these charges will be made on the date of service, and I promise to pay all charges in accordance with my credit card company agreement. **I understand that fees are due and payable at the time of service, and there are NO REFUNDS for services or products provided by the Center. We can no longer accept flex credit cards. If you have a flex plan, please file your invoices with your insurance company. We apologize for any inconvenience.**

Check one:

MasterCard       Visa    Account number: \_\_\_\_\_

Expiration Date (mm/yy)\_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Billing address: \_\_\_\_\_

Primary Cardholder Signature: \_\_\_\_\_

Secondary Cardholder Signature: \_\_\_\_\_

Please mail to the above address.

Thank you very much!

Cindy Griffin

Lindyl Lanham

Julie Adams

Jenice Stebel

Lynn Demartini

Homeopathy Center of Houston