

CREDIT CARD AUTHORIZATION
FORM



Date: _____

I _____ authorize *Thermal Imaging Services, LLC*

(NAME OF CREDIT CARD HOLDER) to charge my credit card for the following services/
products (check all that apply):

_____ \$100 Deposit for _____ Thermogram

_____ \$185 for Breast Screening Thermogram (Female/Male)

_____ \$325 for Female Health Screening Thermogram

_____ Add \$50 - Abdomen

_____ \$325 for Male Health Screening Thermogram

_____ Add \$50 - Abdomen

_____ \$425 for Female Full Body Thermogram

_____ \$425 for Male Full Body Thermogram

_____ \$40 Plexus Breast Check

_____ \$7 Dry Brush

_____ \$5 x _____ Extra Report Copies

_____ Balance Due of _____

Name on credit card: _____ VISA MC AMX DISC

My credit card number is: _____

Exp. Date: _____ 3 Digit Code: _____

I understand that *Thermal Imaging Services* will be the name that appears on my credit card statement for these services.

IMMEDIATELY FOLLOWING THIS FORM IS A COPY OF BOTH THE FRONT AND BACK OF MY CREDIT CARD, WHICH WILL BE USED TO VERIFY THE NUMBERS AND MY SIGNATURE.

(SIGNATURE AS IT APPEARS ON CARD)

DATE