

Wholeistic You, PLLC

I, _____, authorize Wholeistic You, PLLC to charge the following account for any outstanding balance due to Wholeistic You, PLLC.

Credit Card Type Visa _____ MC _____

Card Number _____

Name on Card _____

Expiration Date _____ CVV Code _____

Street Address _____

Zip Code _____

Email address (for receipt of transactions) _____

Responsible Party Signature

Date