

Life Integration Therapies, PC., Inc
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Credit Card Authorization Form

Client Name _____

Type of Card _____

Account Number _____

Expiration _____

Security Code _____

Billing Address _____

City, State and Zip _____

Phone Number _____

Amount _____

By signing this form you authorize Life Integration Therapies, PC., Inc to
Charge your card for the amount listed above.

Signed _____ Date _____