MAX
HEALTH & WELLNESS
SENIOR SOLUTIONS

Max Health & Wellness
CREDIT CARD INFORMATION

Client Name: _____
(Person receiving services)

Cardholder's Name: _____

Credit Card Billing Address:_____

_____

Credit card type: Master Card Visa Discover American Express

Credit card number: _____

Exp. Date: _____ CVC code (last 3 or 4 digits on the back of the card) _____

Cancellation fee of $100 is agreed to if 24 hour cancellation notice is not provided

Cardholder Signature: _____

Date: _____

*There is a 3.5% processing fee for all credit card charges.

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Please Return via Email to maxhandw@gmail.com