MINNESOTA REMEDIES

7300 Metro Blvd Ste 570

Edina, MN 55439

952-242-2909

**CREDIT/DEBIT CARD ON FILE AUTHORIZATION**

All information on this sheet is kept secure and confidential and can be updated or changed upon client request. Receipts are provided in the remedy package or to the email provided below.

Practitioner name: Click or tap here to enter text.

Client Name: Click or tap here to enter text.

Client Address: Click or tap here to enter text.

E-mail address for receipts: Click or tap here to enter text.

Cardholder name (as it appears on the card): Click or tap here to enter text.

Card number: Click or tap here to enter text.

Card type: Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

CVV: Click or tap here to enter text.

Client Signature: Click or tap here to enter text.

By typing your name here you are acknowledging that this replaces your signature.

Date: Click or tap here to enter text.

*I agree to maintain a current Credit/Debit Card on file*. *Charge will appear as Minnesota Remedies on your statement.*