



Credit Card Authorization

The following form authorizes Dr. Bernadette Rosenstiel / Valley Wholistic Health Center to process your chiropractic or BodyTalk health care sessions:

Credit Card: Visa MasterCard American Express Discover

Cardholder Name: _____

Credit Card Number: _____

Security Code (usually last 3 digits on back of card): _____ Expiration Date: _____

Your Telephone: _____ E-Mail: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

You may keep this information on file, strictly confidential, for future use: Yes No

Cardholder Signature: _____ Date: _____

PLEASE FAX OR MAIL TO:

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Woodland Hills, California 91367

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