



Please complete, print, and bring to your first appointment.

## Credit Card Purchase Confirmation

Cardholder name: \_\_\_\_\_  
FIRST NAME/LAST NAME

Cardholder address: \_\_\_\_\_  
STREET/CITY/STATE/ZIP

Card ending in: \_\_\_\_\_      \_\_\_\_\_  
LAST 4 DIGITS OF THE CREDIT CARD NUMBER      EXPIRATION DATE

Purchase Amount: \$ \_\_\_\_\_      Inv. number: \_\_\_\_\_

I hereby authorize Ageless Medicine of the Palm Beaches to charge my credit card for the specified purchase amount indicated above. I certify that I am the authorized holder and signer of the credit card referenced above, and understand that this order is binding. Furthermore, I understand that Florida State Law prohibits prescription drugs from being returned under any circumstances.

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date