

BOARD OF DIRECTORS OF DRUGLESS THERAPY - NATUROPATHY
112 Adelaide St. East, Toronto, ON M5C 1K9
Tel 416-866-8383 Fax 416-866-2175

CREDIT CARD AUTHORIZATION

Complete this form by printing clearly in dark ink. Be sure to provide full particulars including the credit card number, expiry date and amount. We accept VISA or MasterCard. Credit card payments cannot be post-dated.

Please note that if your credit card payment is declined, you will be charged an additional **\$25 administration fee.**

Name: _____ Regis. # _____

VISA MasterCard

Card # _____ Expiry ____/____

Name on card _____
(if different from above)

I authorize the BDDT-N to charge the amount of \$ _____ to my credit card as payment of my fees for _____ (specify what type of fee is to be paid). I agree to pay the amount above in accordance with the terms of the agreement from the credit card issuer.

Cardholder's Signature _____

Date _____