

Erin Naimi, RDN, CEDRD
Nutrition Therapist
Phone: (310) 551-0233

Credit Card Authorization Form

I, _____, hereby authorize Erin Naimi, RDN, CEDRD to charge my credit card account.

() VISA () MasterCard

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country (if not US): _____

Telephone: () _____ - _____

Signature

Date

As the credit card holder, I also authorize Erin Naimi, R.D., CEDRD to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ / _____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Erin Naimi, RDN, CEDRD will keep all information entered on this form strictly confidential.