



Salveo Credit Card Authorization Form
Is required for ALL Telehealth appointments.

Please complete all fields. You may cancel this authorization at any time by contacting us at info@salveohealth.org. This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV (3 digit number on the back of the card): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

This credit card authorization is for the payment of services rendered by Salveo affiliates.