



IHAWS

INTEGRATED HEALTH & WELLNESS SERVICES, LLC.

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ VISA Card ☐ Discover Card ☐ AMEX Card.
☐ Other: _____

Cardholder Name (as shown on card): _____

Credit Card Number: _____

Expiration Date (mm/yy): _____ / _____
MM YY

Credit Card Security Code: _____

Credit Cardholder Zip Code (from credit card billing address): _____

I, _____, authorize **Integrated Health & Wellness Services, LLC (IHAWS)** to charge my Credit Card for agreed upon transactions and services. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

