

CREDIT CARD PAYMENT AGREEMENT

I authorize Lesli Bitel-Koskela, RD, LDN at Harmonic Nutrition & Wellness, LLC to charge my designated card for the amount listed below. This card will be utilized for no other reason unless authorized by cardholder.

\$ _____
\$ _____
\$ _____

Name as it appears on card:

Please circle type card: Master Card Visa _____

Number: _____

Exp date: _____

CVV2 Code: _____

Address where billing statement is mailed:

Street Address _____

City, State _____

Zip Code: _____

X

Signature of Cardholder

Date

Your signature indicates your responsibility for this charge.