



HAWAII NATUROPATHIC RETREAT

DETOXIFICATION · LIFESTYLE CHANGES · RAW FOOD · GERSON THERAPY

MAYA NICOLE BAYLAC N.D. License # ND-146

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www.HawaiiNaturopathicRetreat.com

Third Party Payer Credit Card Transaction Form

I _____ (print name) have elected to pay for the treatment and program of _____ (print name) at the Hawaii Naturopathic Retreat Center.

I authorize Hawaii Naturopathic Retreat Center to run a credit card transaction in the amount of _____ to my Visa, Mastercard, Discover or Amex (please circle) ending in _____ (last four digits).

I have discussed this transaction telephonically and the credit card will not be present for the transaction. I have given the necessary credit card info, billing address, security or cvs code and expiration date over the telephone.

Hawaii Naturopathic Retreat Center will be shredding the credit card details given immediately after all transactions have been completed.

I will not be traveling to the Hawaii Naturopathic Retreat Center to have my credit card imprinted and have a sales draft signed. I acknowledge by signing this document that I have authorized the above transaction telephonically.

Print Full Name of Payer

Signature of Payer

Date