

CLIENT REGISTRATION – INVOICING INFORMATION

Clinic Name:		
Address:		
City:	State:	Zip:
Phone: ()		
Business email:		
<i>Clients may pay by invoice or credit card</i>		
Invoicing address (if different):		
City:	State:	Zip:
Credit card number:		
Expiration date:	Security code:	
Address associated with credit card (if different):		
City:	State:	Zip:
<i>Client agrees and guarantees payment</i>		
Signature:	Date:	Printed Name:

There is a 2% processing fee for credit card payments