



Margie Kearns, D.C. 133 Main St. Room #5
Putney, VT 05346 Phone: 802-536-1090

Payment Information:

Name on Card: _____

Type of Card: _____

(Visa, MasterCard, American Express, Discover)

Card number (16 digits): _____

Expiration Date (mo/yr): _____

Security code: _____

(3 digits on the back of the card, American Express is 4 digits on the front side)

Billing Zip Code: _____

I, _____ (card holder), authorize Vermont Chiropractic & Wellness to charge the above card for services rendered at Vermont Chiropractic & Wellness, 133 Main St. Room #5, Putney, VT 05346.

Signature _____ Date _____