



Novellus, LLC Credit Card Authorization Form

Please complete all fields. You may contact us at any time to cancel services on the next billing cycle. This authorization will remain in effect until cancelled.

Printed Name on Card _____
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ Security Code _____
Expiration Date (mm/yy): _____
Billing address: _____ _____ _____ (Please print clearly, zip code must be legible)

I authorize Novellus Health, LLC to charge the above credit card above for agreed upon purchases. I attest that this credit card is completely under my authority. I agree to an additional 3.5% added to the gross charge to cover credit card processing fees.

Please initial this box if you agree to recurring charges

I agree to allow routine monthly charges for services and any additional cost to be charged to above card on a monthly basis as a recurring charge. Once charged there are no refunds. Notifications for cancellation will be executed on the next billing cycle.

Please initial this box if you agree to a card on file, but not recurring charges.

I agree to allow my credit card to be kept on file for one-time purchases for services or goods. Once charged there are no refunds.

I understand that my information will be saved to file for future transactions on my account. Novellus Health, LLC uses Square, Inc to process charges.

Due to the nature of services, medications, supplements or other items may be mailed or courier services used for delivery. Because Novellus Health, cannot fully guarantee quality of other services such as acts of maliciousness, neglect, damage, theft or any other situation in which the items may be lost or damaged, I agree to be responsible for the cost of any replacement items is solely my responsibility.

Customer Signature _____ Date _____