

Yinstill Reproductive Wellness

3523 Main st., Vancouver BC Canada V5V 3N4

Credit Card Authorization Form

I, _____ (name) hereby authorize Yinstill Wellness Inc. to charge the credit card account below as payment for service/product.

Cardholder Name exactly as it appears on the card, if it is a business, please include the company name as well (please print clearly):

Credit Card Number: _____

Expiration Date (MM/YY): ____ / ____

3 Digit PIN on the BACK of the CARD _____

Cardholder's Signature: _____ Date: _____

*please print, fill out, and bring with you to your initial appointment. Thank you.