



23430 Hawthorne Blvd  
Building 3 - Suite 280  
Torrance, CA 90505  
(310) 570-9723

Name on Card  
(please print)

\_\_\_\_\_

Type of Card  
(circle one)

\_\_\_\_\_ Visa / MasterCard / American Express

Card Number

\_\_\_\_\_

3-Digit Security Code  
(on back)

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

As a patient of Holistic Alternatives Acupuncture, I understand that this information is being collected for the purposes of securing appointments. I understand and agree that my card will only be charged if:

- 1) I fail to show up for a scheduled appointment without cancelling.
- 2) I fail to cancel my appointment within the 24-hour period as listed on our cancellation policy.
- 3) I do not respond to attempts to collect an overdue balance within 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_