



Oxygen Oasis Hyperbaric Wellness Center
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Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder's agreement.

Cardholder – Print, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed mail or fax the completed form to the above address or fax number