

THE MAAS CLINIC

Osteopathic & Functional
Diagnostic Medicine

CREDIT CARD AUTHORIZATION FORM

One Time Charge

I, _____
(First Name) (Last Name)

Hereby authorize Maas Rx Inc. and/or Maas Clinic Inc. to charge to my credit card in the amount not to exceed for vitamins & test kits respectively:

\$ _____ \$ _____
Maas Rx Inc. Maas Clinic Inc.

Mastercard VISA

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____/_____/_____

Requested Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

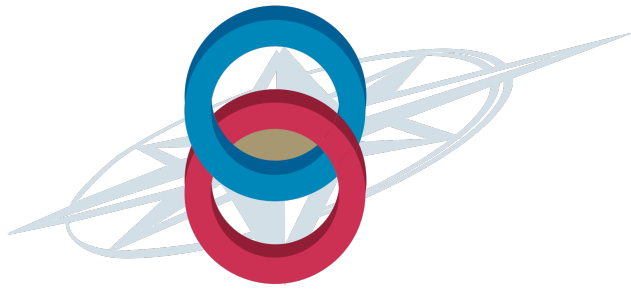
Cardholder's Signature

_____/_____/_____
Date

As the credit card holder, I also authorize Maas Rx Inc. to charge my credit card for future purchases verbally approved by me.

***30 Day Return policy applies to supplements that are unused and unopened.

VITAMINS & KITS WILL NOT BE SHIPPED UNTIL PAYMENTS ARE RECEIVED IN FULL.



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Dear Patient:

Please complete the attached Credit Card Authorization Form in order for products & kits to be shipped.

Once you have placed your orders, the Barbados Office will call you with the total which is to be filled in at the top of the form and sent back to the Barbados Office via fax (246-435-8456) or email to the Clinic Manager at info@themaasclinic.com. Our Barbados number is 246.431-9415.

Your card will not be charged and products will not be shipped until we have received a faxed or scanned copy of this form. This form must be used *each* time you are making a purchase for either vitamins or test kits. A blank copy may be found by logging onto our website at www.themaasclinic.com and going to International Clients on the Homepage and clicking on Forms in the drop box.

Thank You!