

CANNABIS  
TREATMENT  
CLINIC

## Credit Card Authentication

Patient Information					
FIRST and LAST NAME					
ADDRESS					
CITY					
PROVINCE		POSTAL CODE		TELEPHONE	



Cannabis Treatment Clinic and/or CT Clinic is/are hereby authorized and directed to accept telephone or verbal or written orders (including electronic) from the above noted person and to debit charges to the above noted credit card account or the purchase of products, services and consultations provides by Cannabis Treatment Clinic and/or their partner GreenTx.

The undersigned warrants and represents that he/she is authorized to sign for charges to the credit card(s) listed above and be executing the agreement consents to the charges being processed on the same and further consents to the execution by any representative of Cannabis Treatment Clinic and/or their partner GreenTx of any charge slip or other document required by Cannabis Treatment Clinic and/or their partner GreenTx credit card company to support or process the charges incurred.

Credit Card Information			
TYPE OF CREDIT CARD	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Other <input type="checkbox"/>		
NAME OF CARD HOLDER*	Same as above <input type="checkbox"/>	<i>*If different than above</i>	
CARD #		EXPIRY (MM/YY)	
CRV CODE *		<i>*CRV Code is the last 3 digits on the back of your credit card</i>	

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

Forms can be sent via email or fax

 [info@ctclinic.ca](mailto:info@ctclinic.ca)  1-888-731-6269

Any Questions

 416-297-7762  [www.ctclinic.ca](http://www.ctclinic.ca)