



Core Wellness

& PHYSICAL THERAPY

Credit Card Information Sheet

Name:

Type of Credit Card: MasterCard Visa

Name as it appears on the card:

Credit Card Number:

Expiration Date:

Security Code:

Billing Address:

City:

State:

Zip:

Best contact phone number:

Best contact email

By signing below I agree to charges on this credit card for treatment sessions and late/cancellation fees.

Signature: _

Date:

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