



Olga Saletsky
Classical Homeopath
(Please Print Clearly)

Credit Card Payment Form (through PayPal)

Name as appeared on card:	
Credit Card Number:	
Expiration: Month Year	Security code (back of the card):
Billing address Zip Code:	

Client Name (please print): _____

Signature: _____ **Date:** _____

(print and sign or type your name as an electronic signature)

DISCLAIMER: By typing your name above, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.