

Nutrition Specialists of New Jersey, LLC
Credit Card on File Policies
Please Read Entire Form Before Signing

Ashley Kravitz, RD, MS, is committed to providing all her patients with exceptional care. Nutrition Specialists of New Jersey, LLC requires keeping your credit card or debit card on file as a convenient method for payment, of which you are liable for. Your credit card information is kept confidential and secure.

I authorize Ashley Kravitz RD, MS and Nutrition Specialists of New Jersey, LLC to charge the portion of my bill that has not been paid for.

This is my financial responsibility. I authorize the bill to be charged to the following credit or debit card:

Amex Visa Mastercard Discover Credit

Card Number _____

Expiration Date ____ / ____ / ____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ State _____ Zip Code _____

I (we), the undersigned, authorize Ashley Kravitz Nutrition Counseling to charge my credit card, indicated above, for balanced due for services identified as my financial responsibilities.

Patient Name (Print): _____

Patient Signature _____

Date ____ / ____ / ____

Thank You!
Nutrition Specialists of New Jersey, LLC