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Account Opening Form

Please follow these directions.

1. Please complete the entire form.
2. For new patients, bring the completed form on the day of your scheduled appt.

By completing this form, the cardholder authorizes Center for Innovative Medicine and Dr. Karen Tan to place charges on this card for product orders placed by phone, fax, email, or on the website until further notice. I agree to receive sales receipts, product information, and updates via email from Center for Innovative Medicine and Dr. Karen Tan.

Credit Card Information

Card type: Mastercard Visa Discover AMEX

Cardholder name (as shown on card): _____

Card number: _____

Expiration date (mm/yy): _____ 3-digit CVV code: _____

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Country: _____

First & Last name (Print)

Signature

Date (MM/DD/YY)