

NEUROSPORT PHYSICAL THERAPY

Authorization for Credit Card Use

Patient Name: _____

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____

I authorize Neurosport Physical Therapy to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. If this amount is to change then you will be notified prior to the credit card being charged.

Card will be ran at: Every visit ___
 Every other visit ___

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____