



Credit Card Authorization Form

I _____ authorize PT N' PLAY PHYSICAL THERAPY INC, to charge my credit card account indicated below on a recurrent basis. This payment is for physical therapy services provided for my child. I understand that my child's therapy services will be billed weekly. I authorize you to charge my second credit card if my primary credit card is declined. I understand there will be an additional **\$25.00** charge added to my account for any declined credit card transactions.

Child's Name _____
Parent's Name _____
Billing Address _____
Phone Number _____
Email where you want invoices sent _____

PRIMARY CREDIT CARD

Account Type: Visa MasterCard Amex Other
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 @ (3 digit number on the back of Visa/MC, 4 digits on front of AMEX) _____

SECONDARY CREDIT CARD

Account Type: Visa MasterCard Amex Other
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 @ (3 digit number on the back of Visa/MC, 4 digits on front of AMEX) _____

Signature _____ **Date** _____

***I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

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