

PhysiCore LLC CREDIT CARD AUTHORIZATION FORM

All fields of this form must be completed.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential.

This is to confirm that, in keeping with all applicable laws, we are instructing PhysiCore, to pay for and issue the product and/or services requested for the Credit Card Holder (aka Client/Customer) mentioned below, against the following Credit Card. It is expressly understood that the amount charged does not include or constitute any additional fees related to our acceptance of credit cards as a form of payment, unless permitted by law. We further represent that, the credit card holder stated below has authorized this transaction and that we will indemnify and hold PhysiCore LLC harmless with respect to these instructions. It is understood and accepted that to provide additional security for our benefit, PhysiCore LLC may verify the credit card holder's billing address and deliver the products and/or services directly to that billing address. It is further understood and agreed that we accept full responsibility for the amount due to PhysiCore LLC, if the cardholder (our customer) rejects the credit card charge for any reason whatsoever, even if we are unable to collect the amount due from our customer.

Credit Card Type: VISA MC DISC

Credit Card Number:

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CVV: **Exp date:** /

Cardholder's name as it appears on the credit card:

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Cardholder's billing address:

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|---------|--------|------|
| Street: | | |
| | | |
| City: | State: | Zip: |

I, _____, understand the store policy and hereby authorize PhysiCore LLC to charge my credit card account in the required amount for products and/or services. I agree to be bound by PhysiCore LLC policies, terms and conditions, and instructions for this transaction.

Cardholder's Signature: _____ **Date:** _____