



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until canceled.

### Credit Card Information

Card Type:       MasterCard     VISA  
                      Debit Card      Credit Card

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_                      CVV#: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, authorize RENEW PHYSICAL THERAPY & PILATES to charge my credit / debit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date