



2441 W Horizon Ridge Pkwy Suite 119 · Henderson, NV 89052 · 702.506.5213 · info@1sportsrx.com

Credit Card Payment Authorization Form

Sign and complete this form to authorize **One Sports Rx - Tampa, LLC.** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for current and/or future charges if you choose to continue therapy with One Sports Rx - Tampa, LLC.

Please complete the information below:

I _____ authorize **One Sports Rx - Tampa, LLC** to charge my credit card
(Full name)
account indicated below for _____ on or after _____. This payment is for

(Participant's Name)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

| |
|---|
| Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover |
| Cardholder Name _____ |
| Account Number _____ |
| Expiration Date _____ |
| CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ |

PLACE AN "X" IN THIS BOX TO AUTHORIZE RECURRING CHARGES AS STATED IN YOUR AGREEMENT. THIS DOES NOT IMPLY OR REPRESENT ANY CONTRACT BEYOND THIS ONE TIME PAYMENT.

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, for the amount indicated above only. 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 in this form.