

Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize **Boca Detox LLC** to charge my Credit Card indicated
(Cardholder's Name) (Merchant's Name)
below for Initial Consultation of **\$225.00** & follow-up care of **\$150.00-\$199.00** on or before the scheduled appointment date for Online Detox Care which will occur every **7-28 days**. Additional charges of **\$75.00** will be processed for any **No-Show or Missed Appointment** without a cancellation notice prior to date/time of appointment as per the schedule noted below and documented by our office. You must notify our office before 4pm on Friday of your cancellation of a scheduled appointment on the following Monday or Tuesday. Notify us on Monday before 4pm for appointments on Wednesday. Tuesday before 4pm for Thursday appointments and Wednesday before 4 pm for Friday appointments.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____ CVV ____ Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify _____ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Cardholder's Signature)

DATE _____

