Credit Card Authorization Form

PEMF THERAPY SOLUTIONS

We need written authorization to charge your credit card.

Instructions:

- Complete the form by typing in all billing and shipping information in the blanks below or print the form and complete the blanks legibly with a dark pen.
- Print the entire form and sign with the credit card holder's signature on the line indicated.

Terms:

- Your chosen PEMF System remains the property of PEMF Systems, Inc. at all times. The user has no title or property interest to it.
- Your chosen PEMF System must be returned within 7 days of the end of the monthly rental period or pay all costs of collection if not returned.
- Your chosen PEMF System must be returned in good physical condition (electronic condition excluded) or pay for its replacement.
- The monthly rental will be converted to a theft if the user fails to return the equipment or pay for it within 7 days after the termination of the rental period.

Credit card charges will appear on your monthly statement under the vendor PEMF Therapy Solutions, Inc.

I, _____hereby authorize a charge to my credit card for the full amount if the PEMF System is damaged or not returned.

Visa MasterCard Amex Discover Card
Credit card number:

_____

Exp. Date:_____CVC Code:_____
MM/YY

Billing Address:

Street:_____

City:_____

State/Zip:_____

Billing Telephone:_____

Alternate Phone:_____

E-mail Address:_____

Shipping Address (if different than billing:

Street:_____

City:_____

State/Zip:_____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

_____

Cardholder's Signature Date

(Return Address) 15131 Califa Street. ● Van Nuys, CA 91411
424-272-6011 ● PEMFTherapySolutions.com