

Credit Card Billing Information:	
Person Authorizing:	
Credit Card Type:	<input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA
Credit Card Number:	
Expiration Date:	
Credit Card Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Please select one of the following payment options:	
Automatic (Monthly)	Bill my Credit Card on file monthly
Automatic (Per Visit)	Bill my Credit Card on file for all daily charges such as juice bar items purchased and a la carte services
<ul style="list-style-type: none"> • The undersigned cardholder understands the terms and conditions of the Credit Card Authorizations Process. • The authorized user agrees that all information provided is accurate and complete. • Disputes to amounts invoiced should immediately be reported to Operations@sportslabnyc.com. • Changes in the status of this card should also be reported to Operations@sportslabnyc.com 	

Client/Patient authorizes Sportslab NYC to charge the above Credit Card on file.

Authorized Signature: _____

Date: _____