



CREDIT CARD AUTHORIZATION FORM

CUSTOMER INFORMATION

Customer Full Legal Name:

Customer Address:

Telephone:

Fax:

Contact Name:

Email for Receipt:

CREDIT CARD INFORMATION

Credit Card Type: Visa MasterCard AMEX Discover

Name on Credit Card:

Credit Card Number #:

Expiration Date:

Security Code:

Recurring on the 1st of each month

***Including a 3% processing fee will be added to the invoice amount at time of payment**

Signature:	Title:
Print Name:	Date of Authorization:

As the authorized account holder, by signing above, I understand and agree to pay, and specifically authorize Billing Tree by Genius Avenue; on behalf of Iron ReHealth to charge my credit card for the services provided. I further agree that in the event my credit card declines or becomes invalid, I will provide [Iron ReHealth] with a new valid credit card. Billing Tree info by Genius Avenue; on behalf of Iron ReHealth proud to serve as the TPA for Iron ReHealth. Please return the completed form, via our secure drop box at: <https://members.geniusavenue.com/dropbox/>.