

**THERASUIT LLC**

2111 Cass Lake Rd., Suite 102, Michigan, USA  
Phone: 248-706-1308 Fax 248-706-1049

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**CREDIT CARD PAYMENT AUTHORIZATION**

Instruction: Mail or Fax completed form to Therasuit LLC

Credit Card Type (circle one):    Visa    MasterCard    American Express    Discovery

Credit Card Number

Expiration date (mm/yy):                       CVV code (3-4 digits)

Exact name as it appears on the card:

Company name on the card (if applicable):

**Credit Card Billing Address**

Street

City

State                       Zip                       Country

Phone Number:                       Fax

E-mail:

Amount to be charged (\$):

Purpose of Payment:

I authorize Therasuit LLC to debit my card with the amount shown above.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Therasuit LLC to charge my credit card for payment of their products and/or services. If Therasuit LLC is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given us true.

Signature of Card Holder: \_\_\_\_\_ Date:

Printed Name of Card Holder: \_\_\_\_\_

Card Holder ID #