



Mile High Orthotics Lab Credit Card Authorization Form

This form is to authorize Mile High Orthotics Lab, Inc. to charge monthly account balances for products and services purchased directly to credit card accounts. The transaction for the monthly statement balance will occur on the 10th of the month following the statement date.

Orthotic Account Authorization Agreement

Customer Initials _____

I, _____ hereby authorize Mile High Orthotics Lab, Inc. to charge my monthly account balance for products and services purchased. This credit authorization shall remain in effect until revoked by written request to Mile High Orthotics Lab, Inc. All orthotic accounts that are paid in full by the 10th of the month shall receive a 5% discount from the amount to be applied to the following month's balance. The discount will only apply to accounts that are kept current monthly and applicable to orthotic sales only, brace accounts are not included.

Brace Account Authorization Agreement

Customer Initials _____

I, _____ hereby authorize Mile High Orthotics Lab, Inc. to (select one) pay for each brace that is shipped out using a credit card on file resulting in a \$30 per brace savings off the listed price or Each brace shipped will be charged to the customer's account with a limit of up to four unpaid braces per account that must be paid in full before further braces are manufactured.

Credit Card Authorization

Name (as it appears on the card): _____

Billing Address: _____

Card Type: Visa Mastercard American Express

Credit Card Number: _____

Expiration Date _____ CCV# _____

Signature _____ Date: _____