



# Young Body Rehabilitation

4362 Northlake Blvd, suite 105 & 107  
Palm Beach Gardens, FL 33410  
Phone: 561-625-6860 / 561-625-6859 fax  
www.youngbodyrehab.com

## CREDIT CARD AUTHORIZATION

### Customer Information (CHILD'S NAME RECEIVING SERVICES)

\_\_\_\_\_

Contact Name (parent name): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Please fill out, scan and send completed form via:

**Fax:**  
1-561-625-6859

**Mail:**  
4362 Northlake Blvd,  
suite 105  
Palm Beach Gardens, FL  
33410

**Email:**  
[youngbodyrehab@gmail.com](mailto:youngbodyrehab@gmail.com)

*Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.*

### Credit Card Account

Account Type:     VISA    MASTERCARD    DISCOVER    AMEX    HSA

Account Number:

Expiry Date:

Security Code:

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

It is the Customer's responsibility to inform YOUNG BODY REHABILITATION of any changes to the billing address, expiration date and/or changes to the card holder's name of credit card account provided. Any information provided in this form will be used for the completion transactions associated with charges for physical therapy services.

### Authorization

I authorize YOUNG BODY REHABILITATION, INC to debit the credit card account provided above for the purchase of product or services by the above Customer. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing. I acknowledge that I will receive a receipt to the email listed above from Rapid Pay Solutions when a credit card payment is processed.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_