

Terms & Conditions for Credit Card Payments

Name:			
	LAST	FIRST	TITLE
Practice Name:			
D'11' A 1 1			
Billing Address:	STREET		SUITE #
	CITY	STATE	ZIP CODE
Credit Card:	CARD NUMBER	EXPIRATION DATE	CVV
	CARD NUMBER	EXFIRATION DATE	CVV
By providing you	ır credit card information:		
You are stating that you are an authorized user of the credit card and that the associated information			
provided (account holder name, account number, billing address, etc.) is accurate.			
 You authorize BSO to charge the amount you have requested to be charged to your credit card. You also authorize BSO to return to your credit card any funds due to you by BSO resulting from use of 			
	ervice.	if create card any rands due to you by	550 resulting from use of
		e credit card issuer or network, you ag	ree to pay us a service
		nable costs of collection. Your credit	card issuer may also assess
	stomary charge for such transaction		1 .1 .1
 If your credit card issuer or network does not honor a payment transaction, then we have the right to charge the amount of any such transaction to your account or to collect the amount from you using 			
	er payment option.	ion to your account or to conect the an	lount from you using
If your credit card issuer or network does not honor a payment transaction, we may terminate any or all			
Service, and may cancel your right to order from BSO.			
Authorized Signa	ature:		Date: