

## **Terms & Conditions for Credit Card Payments**

Name:			
	LAST	FIRST	TITLE
Practice Name:			
Billing Address	STREET		OTTIME "
	SIREEI		SUITE #
	CITY	STATE	ZIP CODE
Credit Card:			
	CARD NUMBER	EXPIRATION DATE	CVV
By providing y	our credit card information:		
Prove You Prove You this If a character of the character	vided (account holder name, account authorize BSO to charge the amount also authorize BSO to return to you service.  charge is declined or reversed by the rge and to reimburse us for all reason customary charge for such transaction our credit card issuer or network doerge the amount of any such transaction ther payment option.  our credit card issuer or network doer and may cancel your right to order.	es not honor a payment transaction, the ion to your account or to collect the an es not honor a payment transaction, w	rate. your credit card. BSO resulting from use of ree to pay us a service card issuer may also assess nen we have the right to mount from you using
Authorized Signature:		1	Date: