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Credit Card Authorization Agreement

I hereby Authorize *Pine Tree Orthopedic Lab (PTOL)* to charge my credit card for invoice payments. I also understand that PTOL will not make any charges to my card without consent, this includes verbal or written permission to charge the card on a case by case basis.

This agreement will remain in effect, and will be used for future payments that you authorize. You may terminate this agreement at any time by notifying us in writing in such time and in such manner as to afford PTOL reasonable opportunity to act on it.

MasterCard Visa American Express Discover

Cardholder Name: _____

Card Number: _____ Security Code (3 or 4 Digits): _____

Expiration Date: ____/____/____

Billing Information

Billing Address: _____

Town: _____ State: _____ Zip: _____

I have read and understand the above statements regarding Credit Card Payments made to Pine Tree Orthopedic Lab, Inc. I hereby authorize PTOL to keep this information on file so I may make future payments with my Credit Card.

Cardholder Signature: _____ Date: ____/____/____