

LONGEVITY



MEDICAL CLINIC™

*Feel Younger · Live Better*

## CREDIT CARD AUTHORIZATION AGREEMENT

*I authorize Longevity Medical Clinic to keep my signature on file and to charge my:*

☐ Master Card    ☐ VISA    ☐ Discover    ☐ American Express

Name on Card: JOHN JORDETH

Account Number: 5463 2583 2077 7330

Expiration Date: 03/23 CVV/CVC # (Located on back of card) 082

Billing Address: PO Box 55293; Seattle WA 98155

**I understand that the above credit card will be charged automatically for all charges that apply with this authorization. These include laboratory charges, supplements as needed, autoship supplements, and sermorelin charges. I understand that this agreement is valid unless I cancel this authorization through written notice.**

*Check all that apply:*

- ☐ Laboratory
- ☐ Supplements (as needed)
- ☐ Autoship Supplements
- ☐ Autoship Sermorelin
- ☐ All Services

Signature: John J. Jordeth Date: 02-25-2020