



LONGEVITY MEDICAL CLINIC™

Feel Younger · Live Better

NON-REFUNDABLE/NON-CANCELABLE PAYMENT OBLIGATION AND RECURRING CREDIT CARD CHARGE AUTHORIZATION FORM

NON-REFUNDABLE/NON-CANCELABLE PAYMENT OBLIGATION

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT THAT I HAVE ENTERED INTO A NON-REFUNDABLE/ NON-CANCELABLE OBLIGATION TO PAY THE TOTAL AMOUNT INDICATED. THIS PROMISE IS UNCONDI- TIONAL, AND I UNDERSTAND THAT LONGEVITY MEDICAL CLINIC HAS THE RIGHT TO PURSUE NON-PAY- MENT THROUGH ALL LAWFUL MEANS.

RECURRING CHARGE AUTHORIZATION

I hereby authorize Longevity Medical Clinic, PLLC ("LMC") to make recurring charges to my credit card on file in the amount and frequency specified below, and to make adjustments for any credit card entries in error. This authorization will continue until payment has been made in full.

Pedrum Farange

Patient Name (as it appears on Credit Card)

13507 1257th Ct NE, Redmond WA 98052

Patient Address

\$ 385.00

124407

Total to be charged

Invoice

09/10/2020

\$ 192.50

Date

Initial Payment (Payment #1)

Recurring charges will take place on the following schedule:

10/10/2020

\$ 192.50

Date

Payment #2

Date

Payment #3

Date

Payment #4

Date

Payment #5

Credit Card Number

Expiration Date (MMYY)

CID

PATIENT ACKNOWLEDGES THAT BY SIGNING THIS AUTHORIZATION, PATIENT AGREES TO A NON-RE- FUNDABLE, NON-CANCELABLE OBLIGATION TO REMIT ALL PAYMENTS SPECIFIED ABOVE

Patient Signature

09/10/2020

Contract Date

LMC Representative Signature

09/10/2020

Contract Date