



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.

Susan Berkey
Patient Name (as it appears on Credit Card)
11905 80th Pl NE Kirkland Wa 98034
Patient Address
\$ 1495.00 # 121084
Total to be charged Invoice
7-10-2020 LM \$ 373.75
Date Initial Payment (Payment #1)

Recurring charges will take place on the following schedule:

<u>8-10-2020</u>	\$ <u>373.75</u> <u>LM</u>	<u>9-10-2020</u>	\$ <u>373.75</u> <u>LM</u>
Date	Payment #2	Date	Payment #3
<u>10-10-2020</u>	\$ <u>373.75</u> <u>LM</u>	<u>11-10-2020</u>	\$ <u>373.75</u>
Date	Payment #4	Date	Payment #5
<u>Heartland*4514</u>	<u>03/21</u>		
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

Susan Berkey 7/10/2020
Patient Signature Contract Date
Lacie Magnus 7-10-2020
LMC Representative Signature Contract Date