

Longevity Medical Clinic

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

TACOMA

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 UNCONDITIONAL, AND I UNDERSTAND THAT LONGEVITY MEDICAL CLINIC HAS THE RIGHT TO PURSUE NON-PAYMENT 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.

Mark Mahoney

Patient Name (as it appears on credit card)

4412 Dyes Inlet RD NW Bremerton Wa 98312

Patient Address

Total to be charged: \$4740

Invoice #: 105650

11/15/2019-\$395

Date Initial Payment (Pmt #1)

Eleven (11) monthly payments \$ 395 *processed* as recurring charges will take place beginning the second month of this contract, on or near the day of the month that the initial payment is made (if patient elects an accelerated payment schedule of recurring charges, that accelerated payment schedule will be documented on the page that follows:

11/15/2019-\$395

Beginning Month/Year (Month 2, Pmt #2)

09/15/2020-\$395

Ending Month/Year (Month 12, Pmt #12)

Visa 7814

Credit Card Number

EXP 09/22 CVV 192

Expiration Date (MMVV)

PATIENT ACKNOWLEDGES THAT BY SIGNING THIS AUTHORIZATION, PATIENT AGREES TO A NON-REFUNDABLE, NON-CANCELABLE OBLIGATION TO REMIT ALL PAYMENTS SPECIFIED ABOVE OR IF ELECTED TO BY PATIENT, ON THE FOLLOWING PAGE

(Patient Signature)

Teresa Gabrielson

(LMC Representative Signature)

Monday, October 21, 2019

Contract Date

Monday, October 21, 2019

Contract Date

LONGEVITY MEDICAL CLINIC
RECURRING CREDIT CARD CHARGE AUTHORIZATION FORM
SCHEDULE OF ACCELERATED RECURRING CHARGES (IF PATIENT ELECTS)

Payment made at this Contract Date:	Amount
Date of Recurring Charge: <u>1/15/20</u>	Amount <u>\$395 TG</u>
Date of Recurring Charge: <u>2/17/20</u>	Amount <u>\$395 TG</u>
Date of Recurring Charge: <u>3/4</u>	Amount <u>395 All</u>
Date of Recurring Charge: <u>4/15</u>	Amount <u>395 All</u>
Date of Recurring Charge: <u>5/15</u>	Amount <u>395 All</u>
Date of Recurring Charge: <u>6/15/20</u>	Amount <u>\$395 TG</u>
Date of Recurring Charge: <u>7/15</u>	Amount <u>395 All</u>
Date of Recurring Charge: <u>8/15</u>	Amount <u>395 All</u>
Date of Recurring Charge: <u>9/15/2020</u>	Amount <u>\$395 TG</u>
Date of Recurring Charge: _____	Amount _____

Total (must add to \$4740 if balance not paid
within 90 days of this Contract Date)

Total: \$4740 (Circle if applicable)

- OR -

Total (must add to \$4503 if balance is paid
within 90 days of this Contract Date)

Total: \$4503 (Circle if applicable)

