



Credit Card Agreement

I, _____, authorize Fixing Feet Institute to keep my signature on file and to charge any future balances (after all insurance payment(s) have been made), to the credit/debit card listed below:

Credit Card Number: _____ Exp Date _____
CCV Code _____

Name of Cardholder _____

Address _____

City, State, Zip _____

Phone Number _____

Signature of Cardholder _____

Date _____

This authorization will expire one year from the signature date - unless revoked in writing by either party.