

CREDIT/DEBIT CARD CHARGE

You authorize charges to your credit/debit card by First Choice Appointments. You will be charged the agreed-upon amount below plus a 3% credit card surcharge. A receipt for payment will be provided to you and the charge will appear on your credit/debit card statement.

I, _____, do authorize First Choice Appointments to charge my Credit/Debit Card.

GOODS / SERVICE RENDERED: _____

BILLING DETAILS:

Billing Address: _____ Phone: _____

City, State & Zip: _____

Email: _____

CREDIT / DEBIT CARD INFORMATION:

Card Type:

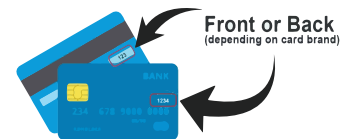

 
 
 

Card Number:

Where is the CVV located?

Card Holder Name: _____

Expiration Date: _____ / _____ CVV: _____



* Credit card transactions subject to 3% use fee.

Refund Policy: Once appointments are purchased and campaigns are launched, orders are absolutely non-refundable. If however, we are unable to fulfill 100% of your order within 60 days, the client has the right to request a refund in the amount of the unfulfilled order quantity.

AUTHORIZED SIGNATURE

DATE