

This is an authorization for you to sign, to enable Matrix to charge the below charges on the following credit card:

## Client Information

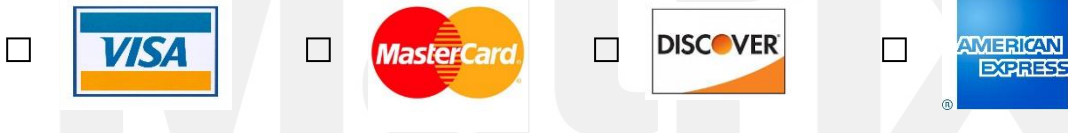
Name Office Phone  
PT# or Name Mobile Phone  
Email  
Description of Charges (One -Time Charge)

## Do you want to set up automatic invoice payment? (Recurring Payments)

Your invoice is automatically paid through your credit or debit card. This will remain in effect until Matrix Sciences is notified of cancellation.

- YES, please set up my credit/debit card to be automatically charged for my invoices. *I authorize Matrix Sciences to set up payment from my credit or debit card for the payment of services rendered and invoiced.*

## Please select one of the following supported credit cards:



Credit Card Number Security Code Expiration Date  
Name on Card  
**Billing Address:**  
Address  
Apt. / Ste.  
City State Zip

**Total Amount of Charge**

**Authorized Signature**

**Date**

*The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL AMOUNT OF CHARGE (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.*