



## Card Authorization Form

Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card): _____ Customer Name if different: _____
Card Number (LAST 4 ONLY): _____ CVV: _____
Card Expiration Date (mm/yy): _____
Cardholder Billing Address: _____

The cardholder listed above, along with any person, organization, or entity on whose behalf this authorization form is being completed (together, the “Cardholder”), authorizes **Wisconsin Vein Center and Medispa, S.C.** (the “Provider”) to charge the card listed above for agreed-upon purchases as outlined in the **MVP Membership Plan Terms and Agreement**. Additionally, the Provider is authorized to credit amounts to the card in case of any errors.

Payments will be made in the specified amounts and at the designated monthly intervals, as described in the **MVP Membership Plan Terms and Agreement**. This authorization will remain in effect until cancelled or terminated as per the Membership Terms and Cancellation Policy listed in the **MVP Membership Plan Terms and Agreement**.

The Cardholder consents to the information provided above being saved and securely retained on file for future transactions. The Cardholder also authorizes the Provider to initiate such transactions as necessary. The Cardholder is responsible for promptly notifying the Provider if the card account listed above is renewed, expired, closed, or if any other changes occur to the information provided.

This authorization will remain in effect until canceled. The Cardholder may cancel this authorization at any time by contacting **Wisconsin Vein Center and Medispa, S.C.** (the “Provider”) at **info@wimedispa.com** or **262-746-9088** and following the proper cancellation steps listed in the MVP Membership Plan Terms and Agreement.

Cancellations must be communicated to the Provider according to the cancelation terms listed in the MVP Membership Plan Terms and Agreement. Sufficient advance notice is necessary to act on the request. Failure to provide timely notification may result in a payment being processed against the account.

Cancellation of this authorization will not terminate the MVP Membership Plan Terms and Agreement or otherwise affect any obligation to pay the fees as described in the MVP Membership Plan Terms and Agreement, including the payment of a \$300 cancellation fee if the agreement is terminated within the first twelve (12) months (initial term).

The Provider may but does not guarantee that it will receive updated card account information from the financial institution issuing the card. The Cardholder is encouraged to provide updated account information to Provider promptly after cancellation to avoid missed payments.

The signer below certifies that he or she is an authorized user of the card described above. Cardholder will not dispute recurring transactions authorized herein, so long as the transactions correspond to the terms indicated in this authorization form and the MVP Membership Plan Terms and Agreement.

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Cardholder Signature

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Date

Card Merchant Number: \_\_\_\_\_