



9520 Padgett Street, Suite 104 • San Diego, CA • 92126 • Phone: 858.866.8133 • Fax: 858.999.2002

PRE-AUTHORIZATION PAYMENT FORM

I authorize Blast Off Children's Therapy Services, Inc. to keep my signature on file and to charge my VISA/MASTERCARD/DISCOVER account for:

_____ Recurring charges (ongoing treatments) once a month of \$ _____ per treatment.

_____ A one time fee of \$ _____ for _____

_____ Other: \$ _____ for _____

Child's Name _____

Cardholder Name (as it appears on card) _____

Cardholder Address _____

City, State, Zip _____

Credit Card (circle one): VISA Mastercard Discover

Exp. Date _____ Number on card _____

3 Digit Security Code _____

Cardholder Signature _____ Date _____