



Pediatric Therapy & Play Gym

245 Newtown Rd. Suite 102

Plainview, NY 11803

Tel: (516) 761-1239

Fax: (516) 644-5471

morethanagym@gmail.com

Credit Card Authorization Form

Name on Card: _____

Type of Card: Visa ____ MC ____ AmEx ____ Discover ____ Other ____

Account number: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

By signing this form, you authorize **More Than A Gym** to charge your card.

Signed: _____ Date: _____