



Niu Valley	5722 Kalanianaʻole Hwy, Lower Level Honolulu, Hawaii 96821
Downtown	745 Fort St, Suite #116 Honolulu, Hawaii 96813
Kakaʻako	400 Keawe St, Suite #102 Honolulu, Hawaii 96813
Phone:	(808) 373-3555
Fax:	(808) 373-3666

Credit Card Authorization Form

Please complete all fields.

You may cancel this authorization at any time by contacting our billing department directly at 808-373-3555 ext 4. You may also email your request to billingoffice@orthosport.com. This authorization will remain in effect until cancelled.

Credit 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): _____
Card Number (last 4 digits only): _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
<input type="checkbox"/> I would like a receipt emailed to: _____

I, _____, authorize ORTHOSPORT HAWAII, LLC to charge my credit card above for any balance due including but not limited to deductibles, copays/coinsurances, taxes, no-show/ cancellation fees, and equipment purchases on or after each visit. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date