

SUTTON PLACE PHYSICAL THERAPY

333 EAST 56 STREET, NEW YORK, NY 10022

TEL. 212-317-1600, FAX 212-317-9855

Date _____

AUTHORIZATION FOR CREDIT CARD PAYMENT

This will serve as authorization for Sutton Place Physical Therapy (SPPT) to charge treatment fees and cancellation fees to your credit card and facilitate the billing and payment process

Your credit card # _____ Amex Visa Master Card

Expiration date _____ will be used for this sole purpose

Please sign this form below and return it to SPPT so that we may have authorization to apply treatment charges to your account

I, _____, provide authorization to Sutton Place Physical

Therapy (SPPT) to charge treatment/related fees per visit to the above credit card

Signature: _____