



SportSide Medical Services
Westwood Hockey Arena
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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize SportSide Medical Services to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below

I _____ authorize SportSide Medical Services to charge my credit card indicated
(name)

below for _____ on or after _____. This payment is to secure enrollment in the
(amount) (date)

_____ course held on the following days: _____
(First Aid, EFR, Taping etc.)

Full Name: _____ DOB (mm/dd/yy): _____

Billing Address: _____

City/ Province/Postal Code: _____

Phone #: _____ Email: _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Signature Date

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.