



CREDIT CARD PAYMENT REQUISITION

_____ Date

_____ Name of Fitness Center

_____ Contact Person

I authorize Patrice Milani Exercise Equipment, Inc. to charge my credit card after each service call or preventive maintenance visit. I understand that I will receive a receipt along with the paid invoice.

_____ Authorized Signature

MasterCard

Visa

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____ Sec Code: _____

Address where credit card statement is mailed.

Billing Address : _____

_____ City

_____ State

_____ Zip

Phone: _____ E-mail: _____

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