

Compete Sports Performance and Rehab
PAYMENT AGREEMENT

Client Name

I, _____ agree to pay Compete Sports Performance LLC, the following according to my plan of services. The rate is based on our agreed rates for planned services.

MONTHLY RATE: \$ _____

PER SESSION BASE RATE: \$ _____

PER SESSION/MONTHLY PAYMENT OF : _____ IS DUE BY: _____

Comment: _____
I understand that the above costs are based on Compete Sports Performance and Rehab's agreed rate for services rendered. I agree that it is not the responsibility of Compete Sports Performance and Rehab to pursue payment from any other source than the signed responsible party. Any other parties, that may be responsible for fees, shall be arranged by the responsible party, outside of Compete Sports Performance and Rehab. I am aware that if my account becomes delinquent, a review by accounting and administration shall take place, and treatment may be interrupted. I understand that if my account goes to collections, there will be a 10% interest charge per year on the unpaid balance.

| | | |
|--------------------------------------|-----------------------|---------------|
| _____ Responsible Party Signature | _____ Printed name | _____ Date |
| _____ | _____ | _____ |
| Administration/Witness Signature | Printed name/Title | Date |

AUTHORIZATION OF CREDIT CARD USE

CHARGES: Any and all charges mandated by Compete Sports Performance LLC. May also be used for past due payments and cancellation fees with less than 24 hour notice or for a No Show appointment. I certify that I am the authorized holder and signer of the credit card reference below. I certify that all information above is complete and accurate. I agree to notify the billing department of any changes that may occur. Compete Sports Performance LLC. Chris Phillips: (949) 690 1277 Fax: (949) 666-6681 I hereby authorize, per month, collection of payment, by Compete Sports Performance and Rehab LLC, for all charges indicated above, to my credit card, that have accrued. I understand that my credit card will remain on account until all charges have been paid in full and my account has been closed. I understand that charges could remain on my account, even after termination of services, due to accounting outstanding processing.

Name on Card: _____ Billing Zip Code: _____
Card Number: _____ Exp date: _____
Type of Credit Card VISA MC AMEX DISCOVER 3digit code on back: _____
Cardholder's Signature: _____ Date: _____