



**GRIDIRON**  
REHAB & ATHLETIC FITNESS

**Credit Card on File Request**

PLEASE WRITE CLEARLY (ALL fields are required.)

Patient Name: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card type: (Please Circle One) MasterCard Visa Discover

Card number: \_\_\_\_\_ Exp: \_\_\_\_\_ Access Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Receipt for you or your child to pick up at the front desk?      YES      NO

Please let us know if you would like a detailed report of your account for insurance or your records, available at the conclusion of your treatment.