



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential and encrypted

Name on Card: _____

Billing Address: _____

Email Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____ CVV (3-digit): _____

PLEASE SELECT OPTION

MONTHLY: \$198 (USD) each month, on gynflix.com for Fellow Gold Level program until subscription is canceled.

ANNUALLY: \$2178 – savings of \$198 (USD) each year on gynflix.com for Fellow Gold Level program until subscription is canceled.

I authorize **Alinsod Institute of Aesthetic Vulvovaginal Surgery** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Suzette Peterson via email sette.peterson@gmail.com cc: red@urogyn.org

AlAVS / Gynflix.com
16300 San Canyon, Suite 800
Irvine, CA 92618877-4-UROGYN
949-499-5311 Main Line