Credit Card Authorization

Capo Canyon Recovery allows you to pay for services by credit card (Visa, Mastercard, Discover, American Express). Please fax this signed form back to us at (949) 284-8040 or email intake@capocanyon.com.

Simply fill out the form below and return it with the following:

1. A photocopy of your credit card
2. A photocopy of your drivers license or ID card

Name of Client: _____ DOB: _____

Arrival Date to Our Facility: _____

Amount to Charge: $_____ Additional Client Spending Money: $_____

Payment Terms (What is your understanding of the payment arrangements?):

_____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name of Cardholder: _____

Billing Address: _____

_____

Email Address (to send receipt): _____

Please check or initial to indicate you understand the following sections and sign below:

_____ I authorize Capo Canyon Recovery to charge my credit card in the amount of $_____. I acknowledge that this authorization permits Capo Canyon Recovery to charge my credit card immediately for the full amount of payment required for services to be rendered to the above referenced client.

_____ **I further understand and agree that this transaction is not refundable for any reason including, without limitation, the cancellation of services by me or the client or for the failure of services to produce any specific results with respect to the client.** Therefore, I agree that I will not dispute this charge with my card issuer for any reason, and that this signed statement will be considered final and conclusive authorization for my card issuer to seek payment solely from me for this charge. Furthermore, I recognize and agree that Capo Canyon Recovery, LLC may pursue all available legal remedies directly against the client in the event that I fail to fulfill my payment obligations stated herein.

_____ I authorize for this card to be charged for any medications, medical or psychiatric visits, or detox charges necessary during the client's stay. I will be notified before this charge is processed.

Authorized Signature: _____ Date: _____

For Administrative Use Approved: _____ Entered: _____