



Please Print

Client's Name: _____

Address: _____

City: _____ Zip code: _____

Phone: _____ Cell: _____

Email: _____

The following is if you would like us to bill your credit card for your products and/or services rendered at Kinetix.

We accept Visa and Master Card.

Type: Visa MC Service: _____ Amount: _____

Card #: _____ Gratuity: _____

Exp: ____/____ 3 Digit code: ____ Total: _____

I authorize Kinetix to bill my credit card for products/services I have ordered.

Signature: _____

Please print your name: _____