



Fax to 561-475-2169

Email: info@wecareforyou.care

Credit Card Type/Bank:    Visa                      MasterCard                      Discover                      Amex

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(Visa/MC 3 digits)

Client Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Telephone No.: \_\_\_\_\_

Amount of Charge: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, I hereby authorize We Care For You. To charge the above credit card listed above. I hereby stipulate, acknowledge and agree that the complete amount above is due and owing to We Care For You, and that the charge amount represents non-refundable fees and/or costs incurred on my behalf and that no portion of these fees and/or costs are refundable for any reason. By signing above, I further acknowledge that We Care For You, is reasonably relying on my representations that they are being induced to undertake action that they would not otherwise have undertaken. Moreover, I have represented that I am an authorized user of this credit card and that I have no knowledge, information or belief that would lead me to believe that this charge will not be processed by the appropriate institution in order for We Care For You, to be paid the amount contemplated herein. Should this charge not be accepted for any reason, I accept full and complete responsibility to We Care For You for the amount charged, any fees incurred as a result of non-payment, interest at the highest amount permitted by law at and from the date of this authorization and acknowledge that I will be personally liable for any and all legal fees of We Care For You should they have to undertake efforts to collect the amounts contemplated herein. Any disputes that arises from this agreement must be exclusively brought in the Circuit, County and/or Small Claims Court in Broward County, Florida.*

*I am over the age of eighteen (18), am of sound mind and have no legal, medical or other impediments that prevents me from entering into a lawful and binding legal agreement such as this.*

**If you are signing this via the internet, then by typing your name you are indicating that is your electronic signature and you are authorizing us to run your card.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this page I agree to the terms and conditions of We Care For You spelled out in the order for service and BOL. The parties submit all their disputes arising out of or in connection with this Agreement to the exclusive Broward County Court System of the Courts of the State of Florida.