

Credit Card Payment Form

Set up a one-time payment or recurring credit card payments.

Simply fill out the form below and mail it to: Lively | ATTN: Financial Services | 9390 Gateway Dr., Suite 100, Reno, NV 89521

What card would you like to use?					
	VISA Visa	Mastercard	Amex	DISC•VER Discover	
CHOOSE ONE: MONTHLY RECU					
CARD NUMBER: EXPIRATION DATE:					
BILLING ADDRESS: CITY: SIGNATURE:				STATE:	
DATE:					
Check here to	enroll in papeı he mail and w	rless billing if you rish to instead rec	are currently	receiving paper	

If you chose the option of recurring billing, the payment method on file will be automatically charged the fee of your selected monthly plan. To turn off recurring monthly billing or cancel your service, please call Customer Service at 1-800-733-6632 or visit www.lively.com/support to learn how to request changes by email. For a description of our fees and taxes, visit www.lively.com/support/faqs/. To review the latest Terms and Conditions, to which you are subject, please visit www.lively.com/legal. Lively is a trademark of Best Buy Health, Inc. ©2024 Best Buy. All rights reserved.