Credit Card Authorization Form

I authorize Refresh Therapy Inc., to charge my credit card for services as follows:

- I understand that my card will be electronically stored to charge my deductible, co-insurance, co-pay, etc. for each session
- I understand that my card will be charged Refresh Therapy's full session rate for cancellations with less than 24 business hours' notice and/or for appointments missed without notice, as agreed to in the Client Consent and Disclosure Form.
- I understand and agree that my card will be charged for balances of charges not paid by me.
- I understand this form is valid until my card's expiration or if my card account number changes, unless I cancel the authorization in writing.

Client(s) Name: _____

Billing Address: _____

Credit Card Type (circle one): Visa MasterCard Discover Amex

Credit Card Number: _____

Expiration Date: _____

Card Security Code (last 3 digits located on the back of the credit card or the 4 digits on front panel for American Express): _____

Print Name, Sign and Date Below:

Cardholder's Name: _____ Date: _____

Cardholder's Signature: _____