CENTRE FOR
LIFE SOLUTIONS

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CREDIT CARD AUTHORIZATION FORM

I ask that everyone fill out this credit card authorization form to ensure payment of services rendered. Your card will **ONLY** be charged for services rendered, or No Shows and Late Cancellations. Please write legibly.

Thank you ~ *Natalie*

My Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

CVV (on back of card/front for AMEX): _____

Full Name on Credit Card _____

Postal Code: _____

By Signing Below, I authorize Centre for Life Solutions to charge my credit card for fees for service, including regular fees for service (if applicable), no-shows (including over 15 mins late and don't call), or late cancellations (within 24 hours).

Client Signature: _____

Client Name (printed): _____

Date: _____

**Note: You will need to pay at the time of service if your card does not clear when entered manually.*