

Credit Card Authorization:

Please complete this form even if you will not be charging your sessions on a regular basis. Missed appointments and returned checks will automatically be charged to this credit account.

Client Name: _____

Name as it appears on Credit Card: _____

Your Billing Zip Code: _____

Billing Address: _____

Credit Card Type:(circle one)

Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: _____

CCV (3 digit code on back): _____

Please Check One of the Two Options:

____I authorize Eva Ghioni to process my credit card for payment of service's on a recurring basis for all scheduled appointments including missed appointments, late cancellations, and returned checks.

____I authorize Eva Ghioni to process my credit card for payment of returned checks, missed appointments, late cancellations and visits for which I do not pay by cash or check.

Signature_____ Date_____

