



CREDIT CARD AUTHORIZATION FORM

One-Time, Non-Refundable Appointment Deposit

Client Information

Full Name: _____

Phone Number: _____

Email Address: _____

Credit Card Information

Name on Card: _____

Billing Address: _____

Card Type: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date (MM/YY): _____

CVV (3 or 4 digits): _____

Authorization & Payment Terms

I hereby authorize **Wellness Reboot** to charge my credit card a **one-time, non-refundable deposit of \$300.00** to secure my scheduled appointment.

I understand and agree to the following terms:

- The \$300 deposit is **non-refundable**.
- The appointment **may be rescheduled with a minimum of 24 hours' notice** prior to the scheduled session.
- The \$300 deposit **will be applied toward the total cost of the session on the day of the appointment**.
- Failure to attend the appointment or reschedule within the required time frame will result in forfeiture of the deposit.

By signing below, I confirm that I am the authorized cardholder and agree to all terms stated above.

Cardholder Authorization

Cardholder Signature: _____

Printed Name: _____

Date: _____

For Office Use Only Amount charged: \$300, processed date: