

Credit Card Authorization Form

Card Type MasterCard AMEX VISA Other _____ Discover

Cardholder Name: _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder Postal Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I agree to my card being saved to file and authorize charges upon completion of sessions attended.

Notes: _____

Customer Signature

Date