



HYDRATIONBAR

Credit Card Authorization
CONFIDENTIAL

Client Full Name	
Client DOB	
Client Phone	

Please enter your credit card information for payment processing:

Name On Card	
Card Number	
Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Expiration	
CVV	

By signing below, I give HydrationBar permission to keep my credit card on file and understand that:

- Full payment is due at time of service
- If I am a member, or have a package, further terms and conditions are found in my membership agreement, and apply

Signature of Patient or Legal Representative

____/____/____
Date