

Credit Card & Signature Page

Client Name: _____

You will be asked to show card to Denise Williamson for verification. Verified _____
NOTE: You may not be permitted to utilize this service if you do not verify your card with Denise in person.

(circle one) Visa MasterCard Discover

CC #: _____ Issuing Bank: _____

3-digit security code *(found on back of the card)*: _____ Exp Date: _____

Billing Address: _____

Billing phone: ____ (____) _____

Email: _____
(A receipt will automatically be sent to this email address)

Consent to Terms

1) AUTHORIZATION TO CHARGE CARD

I authorize Denise C Williamson (Lic#82446) to charge my listed credit card after each session and at the agreed rate of \$ _____ per 45-50 min. session(s) 1x Recurring:

Printed Name

Signature

Date

2) CONFIRM THAT YOU UNDERSTAND NO-SHOW/CANCELLATION POLICY

I authorize Denise C Williamson (Lic#82446) to charge my listed credit card **\$40.00 for the first and full fee** for any additional no-show or cancel last minute scheduled appointment(s). Failing to agree to these terms may also result in termination of services.

Printed Name

Signature

Date