



Client Credit Card Form

All clients are required to keep a valid credit card number on file.

For your convenience this credit card will only be used in case of failure to pay, no-show fees, and for cancellations with less than 24 hour notice.

All credit card information will be kept in a confidential and secure location.

No charges will be made without notification.

CC Type: MasterCard VISA Discover

Name on Card: _____

CC Number: _____

CC Expiration Date: _____

3-digit Security Code on Back of Card _____

"I _____ (print name) have read and understand the terms of providing my credit card to Theresa Allen. I understand that my credit card will be charged if I fail to pay at session or if I incur a no-show fee or late cancellation fee. Any questions I have about this practice have been answered."

Client's Signature

Date