

CREDIT CARD AUTHORIZATION FORM

FOR IN-PERSON, PHONE AND SKYPE CONSULTATIONS

I hereby authorize Angela T Russo to keep my signature on file for charging services and products rendered to my designated credit card. I authorize the respective credit card company to accept my signature on this form. My receipt will serve as evidence for my records of this transaction.

Name on card: _____

Credit card number: _____

Expiration code: _____

Security code: _____

Billing address: _____

Billing zip code: _____

Signature: _____ Date: _____

This credit card will be kept in a secure place and on file for all charges made on your behalf and for supplements ordered through the online store or picked-up at the office.

Cancellation and No-Show policy: Cancellations fewer than 48 hours or no-shows may be charged on my credit card for the full amount of my scheduled appointment.

Signature: _____ Date: _____