

Better Health & Nutrition, Inc.

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION

AND RETURN IT TO OUR OFFICE BY MAIL OR E-MAIL.

I, _____ authorize Better Health & Nutrition, Inc. to run the credit card information provided below if scheduled appointment time is missed and adequate notice has not been given.*

CLIENT NAME: _____

Cardholder Name: _____

(name as it appears on card)

Address: _____

(include city, state, & zip code)

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Mail the authorization to:

Better Health & Nutrition, Inc.
2812 Electric
Wyandotte, MI
48192

Or Email to: ggnicole@hotmail.com

Scheduling & Cancellation Policy

As of 9/24/2011 Better Health & Nutrition requires all appointments be held by credit card at time of scheduling. Credit cards will not be charged unless clients fails to provide adequate notice of cancellation.*

*Our office policy is to require at least 24 hours notice of cancellation of a booked appointment.

Failure to provide adequate notice will result in the card provided being charged for the full scheduled appointment time.