

**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](mailto: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.