



CREDIT CARD AUTHORIZATION AGREEMENT

Client Name: _____

Client Birth Date: _____

I authorize *Therapeutic Oasis of the Palm Beaches* to hold the credit card information listed below “on file” for the purposes listed on this agreement. *Therapeutic Oasis of the Palm Beaches* may not use this card for any other purpose unless instructed to do so in writing.

I, the cardholder named below, authorize *Therapeutic Oasis of the Palm Beaches* to charge the designated credit card for the amount(s) and purpose(s) listed here:

Date	Amount	Service Description	Provider Name
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I understand that if a scheduled appointment is missed or cancelled less than 24 hours in advance, I will be charged the full fee for the scheduled appointment.

Print name exactly as it appears on credit card:

Card Number: _____ - _____ - _____ - _____

3-digit code: _____ Expiration Date: ____ / ____

Address where CC bill is mailed (including Zip Code):

I agree to the terms and conditions of this agreement:

Signature of Cardholder
Effective 7/1/2013

Date
TOPB CC File Authorization