



## CLIENT PAYMENT AUTHORIZATION

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ One Time      Cash      Check      Monthly (ahead)

Begin Payments On: \_\_\_\_\_ End Payments On: \_\_\_\_\_

Card Type:      Credit      Debit      AMEX      Discover      Master Card      VISA

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

### Name and Address of Card Holder

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize d'Pilates to automatically charge each session fee per the d'Pilates billing Policies. Should I request and obtain additional services from d'Pilates, I authorize the charges associated with those services to be submitted for payment via my Card noted above.

I acknowledge that I have received a copy and agree with the d'Pilates policies concerning:

- Waiver of Liability, Indemnity Agreement
- Session Cancellation

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date