



# CLIENT PAYMENT AUTHORIZATION

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

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

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

### Service Policy

All classes/appointments are subject to a 24 hour cancellation rule. Any class/appointment not cancelled before 24 hours of the scheduled time will be charged the full service rate. The studio will not charge due to cancellations for severe weather. All classes/appointments must be prepaid. Classes/appointments and reoccurring classes/appointments cannot be held without payment. This includes leaving for vacation or other extended absences. If you would like us to hold your class/appointment time(s), you must prepay for the scheduling: \_\_\_\_\_ (initial)

There are no refunds on unused services and gift certificates. All reserved classes/appointments expire three (3) months from the purchase/reservation date: \_\_\_\_\_ (initial)

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