



CREDIT CARD AUTHORIZATION FORM

I _____ (name of card owner) authorize **Sage Nutrition, LLC** to charge my credit card for sessions at Sage Nutrition, LLC. In addition, I authorize **Sage Nutrition, LLC** to charge my credit card \$50 for cancellation of sessions not honoring the 24-hour cancellation policy as well as missed sessions and I guarantee payment for any services rendered made with my credit card, including renewed cards. I understand that in utilizing my credit card for payment of services a \$5 processing fee will be applied to my invoice.

Authorized Signature of Cardholder

Date

Printed Name of Cardholder

Card Type: American Express Visa
 Mastercard Discover

Card Number: _____

Expiration Date: _____

Security Code: _____

Name as it Appears on Card: _____

Billing Address Associated with Credit Card:

