

REVELATIONS CENTER

Credit Card Authorization Form

Please complete all fields below.

Credit Card Information
Card Type: <ul style="list-style-type: none">• MasterCard• Visa• Discover• Amex• Other _____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVC # (3 digit code on back of the card):
Cardholder ZIP Code (from credit card billing address):

Contract Terms:

**Any cancellation with less than 24 hours' notice or no-show visit is subject to a fee.
Missed appointments/Late Cancellations will be charged 50% of the scheduled service.
Charges are non-refundable and non-transferable.**

I, _____, authorize Revelations Center, Inc. to charge my credit card above for the agreed upon transactions and agree to the Contract Terms. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date