



CREDIT CARD ON FILE AUTHORIZATION FORM

This form is for you to supply 7 Senses Therapy, LLC with credit card information to keep on file for the payment of all services and fees. A new form must be completed for each card kept on file. 7 Senses Therapy, LLC accepts: Visa, MasterCard, Discover, Am. Express. In the event payment for services is denied by Gardiner scholarship or Tricare, 7 Senses Therapy will charge the card on file for service dates.

Card Information:

Card Type (Circle): Visa / MasterCard / Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ *CVV Code (Security Code):* _____

Zip Code _____

Cardholder Signature: _____

Please list anyone other than the cardholder that is authorized to use this credit card.

Name: _____

Date: _____

Cardholder Signature: _____

PLSA Gardiner Scholarship Clients: Client Name: _____ PLSA #: _____

I hereby authorize 7 Senses Therapy, LLC to charge the credit card listed above for the payment of all services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be submitted if any information such as credit card expirations or authorized users is amended. Applicants agree to pay the cost for any returned or challenged payments.

Cardholder Signature:
