

CONSENT FORM

Credit Card Authorization

I (Name of card holder)

hereby authorize Lois Thomson Bowersock & Associates, LLC, to charge my credit card account in an amount not to exceed \$ 250.00.

Credit Card Information

☐ Visa ☐ Mastercard ☐ Other

Credit Card Number

Expiration Date (MM/YY)

CV2 Code

Credit Card Billing Address

Street Address

Apt. #

City

State

Zip

Email Address

Missed Appointment/Late Cancellation Agreement

I acknowledge I have read and agree to the terms and conditions of the Missed Appointment/Late Cancellation Policy of Lois Thomson Bowersock & Associates, LLC. As the credit card holder, I authorize Lois Thomson Bowersock & Associates, LLC to charge my credit card an amount not to exceed \$250.00 for any missed appointments or appointments not cancelled with 24 hours advance notice.

Please note your insurance provider will not reimburse you for missed appointments or late cancellations.

Cardholder's Signature

Date