

## CREDIT CARD AUTHORIZATION

Lois Thomson Bowersock & Associates, LLC  
771 E. Southlake Blvd., Suite 109  
Southlake, TX 76092  
E-mail: [Lois@Loisbowersock.com](mailto:Lois@Loisbowersock.com)  
817-761-5004 (office) 281-782-6755 (text)

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

Visa                       Mastercard                       Other

Credit Card Number: \_\_\_\_\_

Expiration Date: (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

CV2 Code: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

### 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