Healthier Life PLLC
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Raleigh, NC 27615
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919-676-9699 ext 8

Carolina Performance
FOR EXCELLENCE IN SPORTS, LIFE AND BUSINESS

Credit Card Authorization Form

Patient Name: ______________________________________ **Date of Birth:** ____________________

**** Please complete all fields.
**** You may cancel this authorization at any time by providing written notice to Healthier Life PLLC.
**** This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type (circle one):	MasterCard VISA AMEX Other ____________________
Cardholder Name (as shown on card):	____
Card Number:	____
Expiration Date (mm/yyyy):	____
Cardholder Billing ZIP Code:	____

I, ____(cardholder), authorize Healthier Life PLLC to charge my credit card above for professional services rendered to ____________________________ (patient). I understand that my information will be saved to file for future transactions on my account.

____ __________________________________
Signature of Card Holder Date

Payment for Late Cancellation or No-Show

I authorize Healthier Life PLLC to bill my above credit card the full appointment fee when ________________________________ (patient) does not give full 24 business hours advanced notice for cancelling an appointment or if there is a no show for a scheduled appointment. I understand that full payment is required for each missed appointment, or late cancellation, prior to rescheduling further appointments.

____ __________________________________
Signature of Card Holder Date