

AUTHORITY TO CHARGE CREDIT CARD

I, _____, the undersigned, authorise The Body Refinery Physiotherapy Pty Ltd to initiate payment transactions for invoices from The Body Refinery using the credit card details provided on this form. The pack I choose to repurchase is:

Clinical / Studio for 5 sessions / 10 sessions

CLIENT DETAILS

Mr/Miss/Mrs/Ms/Dr Name: _____

Phone: _____

Postal address: _____ Post code: _____

Email address: _____

CARDS INFORMATIONS

Card type: Mastercard / Visa

Card number: _____

Expiry date: _____ CCV: _____

Cardholders name: _____

Cardholders signature: _____

CONDITIONS

- This form gives authority to The Body Refinery Physiotherapy Pty Ltd to charge the clients' credit card to ensure they maintain their classes of preference at The Body Refinery.
- The credit card will be automatically charged when the client has used the last class of its previous pack.
- The client takes responsibility for cancellation of classes.
- Classes cancelled with less than 24 hours notice will result in 100% cancellation fee.
- It is the client's responsibility to ensure their credit card details are up to date for charges to be made.

Name: _____

Date: ____/____/____

Signature: