

## 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 (please circle your choice):**

**PILATES-BASED REHAB / STUDIO      FOR      5 SESSIONS / 10 SESSIONS**

Please, precise the class/es you wish to be booked into till the end of the year (depending on availability):

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

### 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 the previous one.
- 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: \_\_\_\_\_