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CREDIT CARD PAYMENT AUTHORIZATION FORM

Please sign and complete this form to authorize Sage Wellness Center, LLC to apply charges to your credit card listed below.

By signing this form you give Sage Wellness Center, LLC permission and authorization for all of the following:

- ✓ Permission for my credit card to be charged for co-payments/charges due for services rendered
- ✓ Permission for my credit card to be charged missed appointments/NCNS if not canceled 24 hours in advance.
- ✓ Permission for my credit card to be charged for balances greater than 30 days from date of service including any and all balances not covered by insurance.
- ✓ Permission to keep this information on file for future transactions on my account

Please complete the information below:

I, _____ (cardholder name) for _____ (client name) authorize Sage Wellness Center, LLC to charge my credit card account indicated below for payments as outlined above.

Billing address _____

Phone # _____

City, State, Zip _____

Email _____

Account Type:	Debit	VISA	MasterCard	Discover	AMEX
Cardholder Name	_____				
Account Number	_____				
Expiration Date	_____	_____	_____	CVV	_____

CARDHOLDER SIGNATURE _____

DATE _____

I authorize the above name business to charge the credit card indicated on this authorization form according to the terms and conditions above. This payment authorization is for goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transactions correspond to the terms indicated on this form.

Credit card payments may incur a processing fee of 3%.