

Credit Card Processing Form

Credit Card Numbers are kept on file for the purpose of prepaying for appointments, covering applicable charges for no shows and cancelations, and to cover charges for monthly memberships. Including your email on this form will ensure that you will receive an emailed receipt any time your card is charged.

Name as it appears on Card: _____

Billing Address

Street: _____ City / State: _____ Zip: _____

Type of Card: ☐ Mastercard
☐ Visa
☐ Discover
☐ American Express

Card Number: _____ Expiration Date: ____/____ Security Code: _____

I, _____, authorize Marlena Wimsett, in conjunction with Soothing Sole Barefoot Massage, to charge my above credit card for agreed upon charges I agreed to when signing my intake form for cancelations, no shows, reserving appointments, monthly membership appointments or any other charge that has been formerly agreed upon.

Signed: _____ Date: _____

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