Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

☐ Other _____

Cardholder Name (as shown on card):_____

Card Number:_____

Expiration Date (mm/yy): _____

Cardholder Postal Code (from credit card billing address): _____

I, _____ , authorize Wilson Wellness and it's practitioners to charge my credit card above for agreed upon purchases (which may include but are not limited to osteopathic manual practice, ear acupuncture/seeds, microcurrent therapy, infrared sauna, and other treatments and procedures offered by Wilson Wellness). I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date

- Cancellations more than 48 business hours before scheduled appointment time: No charge.
- Cancellations less than 48 business hours, if we are unable to fill appointment full fees apply. If were able to fill appointment there is a $25 rescheduling fee, charged to credit card on file or patient can pay by other payment method.
- No show 100% of full clinic price +4% processing fee charged to credit card on file.
- All cancellations can be made by text, or phone/voice message, text preferred.

WILSON WELLNESS

Wilson Wellness (Inside Fine Herbs) • 2605 Howard Ave., #5 • Windsor, ON N8X 3W9
Voicemail and Texting: 226.782.3087 • admin@wilsonwellness.com