



Credit Card Authorization Form

I authorize Lifelong Balance to charge the listed credit card as indicated below at the day of the client's scheduled appointment. We do not accept personal checks.

By signing this authorization form, I agree to pay:

- An initial set up fee of \$359 _____(Initial)
- Pay thereafter, \$100 per week for duration of membership _____(Initial)
- Keep my credit card on file _____(Initial)

Name

Date

Credit Card Number

Expiration Date

CVV Code

Payee Signature

Billing Address

Street

City

State

Zip Code