

### Credit Card Pre-Authorization Form

Patient Name: [Click or tap here to enter text.](#)

Patient Address: [Click or tap here to enter text.](#)

The undersigned Patient/Cardholder hereby authorizes HOLISTIQ HEALTH LLC, to obtain payment of fees for services from the Patient/Cardholder's Credit Card account identified below.

HOLISTIQ HEALTH LLC may charge the account to secure the patient's appointment time, for any missed/late cancelled appointments (minimum of 48 hours cancellation notice is required), without requirement of the Patient/Cardholder's signature for each payment. A receipt of the transaction will be emailed to the email address provided by the Patient/Cardholder above.

I authorize any balance to automatically be charged to this credit card.

Name on credit card: [Click or tap here to enter text.](#)

Credit Card #: [Click or tap here to enter text.](#)

**PLEASE CIRCLE ONE:**     Visa     MasterCard     American Express     Discover

CVV Number: (3 digits on back of card – AMEX (4 digits on front): [Click or tap here to enter text.](#)

Expiration Date: (Month/Year): [Click or tap here to enter text.](#)

Patient/Cardholder Authorized Signature:

Printed Name of Authorized Signer:

**By signing this form, the Patient/Cardholder acknowledges and agrees as follows:**

- This signed form is confidential and will be kept on file at HOLISTIQ HEALTH LLC.
- The Patient/Cardholder authorizes HOLISTIQ HEALTH LLC to automatically charge the above-referenced Credit Card.
- The Patient/Cardholder certifies, warrants and represents that the Cardholder named above agrees to pay the credit charge(s) in accordance with the agreement described above.
- Credit Card payments will appear on your statement as HOLISTIQ HEALTH LLC.
- If the Patient/Cardholder fails to dispute a charge within 30 days from the time the Credit Card is charged, the Patient/Cardholder agrees that the charges are valid and agrees not to dispute said charges.
- This authorization will remain valid for 12 months or until revoked in writing with 30 days' notice of revocation.