



For Internal Use Only
Package Type:
Package #:

Credit Card Authorization 2023

Type of Card:



Name on the Card _____

Card Number: _____ -- _____ -- _____ -- _____

Expiration Date: _____ / _____

CCV Code (three digits on back of card): _____

Cardholder Name: _____

Billing Address: _____

Email Address: _____

I hereby authorize Schnipke Massage to Health, LLC to charge my card above under the terms of this of my sessions, package, and/or the cancellation/no-show policy.

Client Signature _____

Date _____