

NuWeights Nutrition and Personal Training
1360 Beverly Road Suite 102 McLean, VA 22101
22895 Brambleton Plaza Suite 200 Ashburn, VA 20148

CREDIT CARD AUTHORIZATION

(PLEASE CIRCLE ONE)

VISA -- MASTERCARD -- AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME

TODAYS DATE: _____

PATIENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

I HEREBY AUTHORIZE NUWEIGHTS TO CHARGE MY CREDIT CARD a \$30.00 FEE FOR **MISSED APPOINTMENTS NOT CANCELED 24 HOURS AHEAD OF TIME** OR IN THE EVENT OF AN OUTSTANDING PAST DUE BALANCE OR A CURRENT BALANCE AT MY DIRECTION. I UNDERSTAND THAT I WILL BE CONTACTED PRIOR TO CHARGING MY CARD.

CARDHOLDER'S SIGNATURE