



Credit Card Authorization Form

Contract Start Date: _____

I understand that Ayur-Shilpi Ayurveda & Wellness, LLC. reserves the right to no longer schedule me as a client at any time my balanced reflects over \$100 due and/or I have not made a payment towards my account within 30 days of being invoiced.

I understand by completing and submitting this form, I am entering a Mutual Agreement between Ayur-Shilpi Ayurveda & Wellness, LLC. and _____. I further understand that this form not only gives Ayur-Shilpi Ayurveda & Wellness, LLC. my authorization to store the following credit card information securely in their PCI and HIPAA-compliant software, but also authorizes Ayur-Shilpi Ayurveda & Wellness, LLC. to charge my credit card if and when my account shows a balance owed.

I understand and agree that this Agreement will remain active unless I cancel it by giving 30 days written/ email notice to Ayur-Shilpi Ayurveda & Wellness, LLC. prior to my next billing date.

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:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date