



ENERGETIC WELL BEING™

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
via fax, mail, or scan and email (contact info below).

All information will remain confidential and saved in a secure password-protected file.

Full Name on Card: _____

Billing Address: _____

Credit Card Type: _____ AmEx _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card ID Number: _____

(3-digit code located on the back of Visa/MC/Discover cards or 4-digit code on the front of AmEx)

Initial Amount to Charge*: \$ _____ (USD)

I authorize Energetic Well Being/LeRoy Malouf to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. *In the event that I schedule any additional sessions with Energetic Well Being/LeRoy Malouf, this authorization stands as active for such future sessions, and I authorize my card to be charged for such future sessions based on LeRoy Malouf's current hourly rate at the time of such session. If any such session is either over or under one hour, the appropriate prorated adjustment will be charged or credited. Any such session overage will be done only with my permission to and/or discussion with LeRoy Malouf, and payment will be made at the end of such session. I further agree that if this card expires or I am unable to use it for any reason, I will provide an updated credit card for any future sessions.

Cardholder to sign and date below.

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

LeRoy Malouf
Energetic Well Being™
625 Willow Street
West Barnstable, MA 02668
Phone 508 375-6452 ~ Fax 508-362-9367
info@ewbp.com ~ www.ewbp.com