



123 Inverness Road  
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### Core Restore Cancellation, No Show and Re-scheduling Policy

1. I consent and agree to provide Core Restore with a valid debit or credit card that shall be kept securely on file within our terminal system. Additionally, I'm responsible for providing updated information in the event of changes to my card, or upon its expiration.
2. 4% surcharges are automatically added to all debit or credit card payments. To avoid these surcharges, actual sessions may be paid for via cash or check in order to receive our cash discount. Receipts for services are available upon request.
3. In the event that I arrive at a session without an alternative payment method available (cash or check), the credit or debit card on file shall be charged, which shall include the 4% surcharge placed upon debit or credit card processing.
4. I consent and allow Core Restore to charge the full session fee to my debit or credit card on file in instances where less than **24 hours'** notice is given to request appointment re-scheduling. This charge shall include the 4% surcharge placed upon debit or credit card processing.
5. Sessions scheduled on a Monday must be cancelled **no later than 5pm** on the Friday prior to any scheduled Monday appointment given that we are closed on Saturday and Sunday.
6. Exceptions to our 24-hour cancellation requirement shall **ONLY** be granted for: (a) illness, (b) death in my immediate family (parents, siblings, and children), or (c) in instances where less than 24 hours' cancellation notice is given, and I am able to re-schedule my appointment within the same day, or to another day/time **within the same week** as the originally scheduled appointment.
7. I understand that Core Restore shall only allow **(3)** "exceptions" as described in #4 above per calendar year. After using all (3) calendar year "exceptions" I understand that any additional cancellations made with less than 24 hours' notice shall incur charges to my store debit or credit card on file equivalent to the full dollar amount of my originally scheduled session fee, unless I am able to re-schedule within the same day or to another day/time **within the same week** as the originally scheduled appointment.
8. If I forget or forgo my scheduled appointment for whatever reason I will be considered a "no-show." In these instances, I consent and agree that Core Restore may charge my stored debit or credit card on file the full dollar amount of my originally scheduled appointment.
9. If I arrive late, I understand that my session may be shortened in order to accommodate others whose appointments follow mine. Depending upon how late I arrive, our MAT® specialist will determine if there is enough time remaining to start a session. Regardless of the length of the session actually given, I will be responsible and charged for the "full" session fee.
10. My signature below shall act as your acceptance, willingness, and understanding to abide by our policies stated within, along with your agreement for us to automatically charge your card in instances of late cancellation, no shows, or when paying for services via debit or credit card.

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Client Name (**please print**)

Client Signature (**please sign**)

Today's Date

AUTHORIZATION FOR DEBIT CARD PAYMENTS

**Debit or Credit Card Company:**

- MasterCard
- Visa
- Discover
- AMEX
- Other \_\_\_\_\_

Cardholder Name (as written on the card)

\_\_\_\_\_

Card Number # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Code \_\_\_\_\_

**Billing Information**

Address:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

My desired payment method for scheduled sessions is (please check that which applies):

- Cash
- Check
- Debit or Credit Card