



123 Inverness Road
Athens, GA. 30606
706-395-6042

info@core-restore.com
www.core-restore.com

Core Restore New Jersey Cancellation, No Show and Re-scheduling

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. For those paying by debit or credit card, we shall charge the card on file, the morning prior to your scheduled session.
4. For those paying by cash or check, we will allow payment at time of session, however, if you arrive at a session without cash or check, the credit or debit card on file shall be charged.
5. With regard to appointment cancellations, or requests to re-schedule, Core Restore requires a minimum of **3 days notification prior to your upcoming session.**
6. I consent agree that failure to provide the required 3 days notification to cancel or re-schedule an appointment, shall result in the full session fee being charged to your stored debit or credit card on file.
7. Please note that we are **NOT** able to transfer a late cancellation or No-Show fee, previously paid, to an upcoming month's scheduled session.
8. With regard to schedule change requests, please note that Core Restore shall make every attempt to offer options within the same day, or to another day/time in the same week as the originally scheduled appointment if openings are available.
9. If I arrive late, I understand that I'll be charged the full cost for my session even though it will be shortened in order to accommodate others whose appointments follow mine
10. Your 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.

Client Name

Client Signature

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