



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 transactions. If you prefer to avoid these charges, you may pay for session time by cash or check. Receipts for services are available upon request.
3. In the event that I arrive at a session without cash or a check, the credit or debit card on file shall be charged.
4. Core Restore requires 24 hours advanced notice in order to cancel a scheduled appointment without incurring a late cancellation fee. **This fee when charged is equivalent to the FULL PRICE of the originally scheduled session.**
5. Please note that sessions scheduled on a Monday must be cancelled **no later than 5pm** on the Friday prior given that we are closed on weekends.
6. 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 as described in items 4 & 5 above.
7. We understand that emergencies at home and work periodically occur that are beyond your control. Therefore, Core Restore shall grant (3) "free" waivers of our late cancellation policy described in items 4 & 5 above per calendar year. Additionally, if you are able to re-schedule your original appointment within the same day, or to another day/time **within the same week** we shall not count this toward the (3) annual waivers of our cancellation policy.
8. Once a client has used all (3) waiver exceptions during a calendar year, Core Restore shall follow the late cancellation policy described in items 4 & 5 above, resulting in a charge being placed on the stored debit or credit card on file.
9. 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 for the full dollar amount of my original scheduled appointment. Missed appointments without prior notice shall **not** be counted as waiver to our cancellation policy.
10. 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.
11. My signature below shall act as my acceptance, willingness, and understanding to abide by the policies stated within, along with agreeing that Core Restore may automatically charge my card on file in instances of late cancellation, no shows, or if paying for services via debit or credit card.

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