



55 Portion Rd.
Lake Ronkonkoma, NY 11779

Name: _____

Cell phone: _____

Email: _____

Type of Service: (drop down Vagaro options): _____

Requested Date (Calendar Drop): _____ Time: _____

Credit Card Authorization Form

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) ____/____ Security Code: _____
Cardholder ZIP code (from billing address): _____

I, _____, authorize O Light Body Bar to charge my credit card above for agreed upon purchases, including cancellation policy below. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Cancellation Policy

We understand that situations arise that it is necessary to cancel or reschedule your appointment. We ask that you give **24 hours notice**.

Appointments cancelled/rescheduled **within 24 hours** will receive a **\$45 minimum cancellation fee or 30% of the cost of services booked** and will be charged to card on file.

Further, **NO SHOWS WILL BE BILLED IN FULL.**

I, _____, agree to the terms of this cancellation policy.

Customer Signature

Date