



55 Portion Road
Ronkonkoma, NY 11779
(631) 615-5000
www.olightbodybar.com

Credit Card Authorization Form

Credit Card Information:
Card Type: __ MasterCard __ Visa __ Discover __ AMEX __ 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.

_____ Date

Customer Signature

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 **within 24 hours** will receive a **50% of the cost of services booked** and applied to your credit card.

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

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

_____ Date

Customer Signature