



**Sage Nutrition**

NOURISH | MOVE | EMPOWER

## CREDIT CARD AUTHORIZATION FORM

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I \_\_\_\_\_ (name of card owner) authorize **Sage Nutrition, LLC** to charge my credit card for sessions with the Registered Dietitians and Mindful Movement Coach in the year 2017. In addition, I authorize **Sage Nutrition, LLC** to charge my credit card \$40 for cancellation of sessions not honoring the 24-hour cancellation policy as well as missed sessions and I guarantee payment for any services rendered made with my credit card, including renewed cards. I understand that in utilizing my credit card for payment of services a \$5 processing fee will be applied to my invoice.

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Authorized Signature of Cardholder

Date

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Printed Name of Cardholder

Card Type:            American Express  
                              Mastercard  
                              Visa

Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Billing Address Associated with Credit Card:

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