



2563 S. Val Vista Dr., Suite 108  
Gilbert, AZ, 85295 (480)448-1076  
info@infinitehw.com

**PAYMENT INFORMATION:** (Can be shared over the phone prior to 1<sup>st</sup> appointment)

*\*See Signature for Authorization to Charge on Separate Signature Page*

Your card will be charged on the day of your appointment unless you prefer to pay with cash or check. The card will be kept on file and you will be emailed your receipt. Please note that if you cancel your appointment with less than 24 hrs. notice, you will subject to be charged a \$100 missed session fee. This page will be shredded upon entry into our accounting software which is HIPPA compliant and an email with the receipt will be emailed to you unless otherwise specified.

Client Name \_\_\_\_\_

*Payment Preference*

Name on Credit Card to be charged the day of the appointment.	Visa _____ MC _____ AMEX _____ Discover _____	Card Number  EXP _____
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Please let us know if you prefer to pay for services using cash or check.

I prefer to pay for services using cash.

I prefer to pay for services using a check.