



PAYMENT AUTHORIZATION FORM

This is a required document to keep on file for COVA in order to be seen.

NAME ON CARD _____

CARD NUMBER _____

CVC CODE _____

BILLING ADDRESS _____

EXPIRATION DATE _____

I understand that my card will be kept on file and run at the time of my appointment for the full amount owed.

I understand that my card can be run at a later date for any balances on file.

I understand that if I miss my appointment or cancel with less than 24 hours' notice, my card will be run for the missed appointment fee.

I authorize COVA to charge my credit card above for agreed upon services. I understand that my information will be saved to file for future transactions on my account.

Signature _____