



Express Billing

We are now taking credit card information for your convenience as well as an option for contactless payment for the safety of our staff.

Name on card:

Card number:

Expiry Date:

CVC (number on back):

Type of Card:

☐ VISA

☐ Mastercard

☐ Other:

Credit Card Billing Consent

I CONSENT TO GIVING MY CREDIT CARD INFORMATION TO BE SAVED TO MY FILE, AND TO BE CHARGED AFTER EACH APPOINTMENT.

☐ I have read and understood, and consent to the above

Initials: _____

Signature