

Lux Therapy Center
Tierney Farry LLC

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Tierney@luxtherapycenter.com

Credit Card Authorization Form

Today's Date: ____/____/____

I: _____,

Please check and initial **one** of the following boxes below:

authorize Tierney Farry LLC, to charge my credit card indicated below for payment of my current and future sessions and of full payment for missed appointments unless otherwise negotiated. _____

(parent/guardian) authorize _____ to use the credit card indicated below for payment of his/her current and future sessions and of full payment for missed appointments unless otherwise negotiated, with Tierney Farry, LLC. _____

Credit Card Information:

Name as it appears on the card: _____

Type of card: _____

Credit Card number: _____

Expiration Date : _____ Security Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Cardholder or Company representative's signature: _____

Date: _____