



CANCELLATION POLICY

It is our goal that you and all clients of The Mending Group get the most from each and every appointment. For that reason, if you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be charged for the entire cost of your missed appointment.

The Mending Group policy states that a full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or emergency. We request a credit card be kept on file and will be used in this instance. Please provide the information below.

Credit Card:

Visa

Master Card

American Express

Number:

Exp:

____ / ____

Name of credit card:

CVV:

For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.

Billing Phone Number: (_____)

____ - _____

Billing address:

Street address

City

ST

Zip

Home Telephone Number

email address

Thank you for your consideration regarding this important issue.

Client's Signature (Client's Parent/Guardian if under 18)

Today's date
