

# CANCELLATION POLICY

Touch of Class Medspa & Laser Center | (818) 502-3636

## Canceling an Appointment

Please contact the medspa via phone or email **AT LEAST** 24 hours prior to your scheduled appointment date and time to avoid cancellation fees\*.

\*Cancellation is required 24 hours prior to appointment; failure to cancel within the required time will result in a fee of **\$35.00** being charged to the credit card on file. A No Show is considered failure to cancel or failure to show for a scheduled appointment, a fee of **\$75.00** will be applied to the credit card on file.

## No Shows and Late Cancellations (24 hours+)

Initially, clients who schedule an appointment and simply **DO NOT** show up or cancel within the allotted timeframe of 24 hours will be required to leave a deposit of half (50%) of their scheduled session total in order to reschedule their next appointment.

## Deposits

The deposit is fully refunded to the client if the appointment is canceled within the 24 hours-notice timeframe. Reoccurring no shows or if the appointment is canceled **AFTER** 24 hours, clients will be charged the full deposit amount of half (50%) of the entire session cost on their debit/credit card.

## Client's who prepaid for Package Deals

Clients who have prepaid for package deals who are No Shows or have Late cancellations for their scheduled appointments will **automatically** be deducted the cancellation fee from the package balance and must pay the balance in order to continue treatment.

## New Clients

If a new client fails to cancel or reschedule their appointment date within the 24 hour timeframe they will forfeit **ALL** limited-time pricing offers, monthly special promotions, discounts or coupons.

*We reserve the right to refuse appointments to any client who has demonstrated disregard of our cancellation policy.*

**I understand the cancellation policy and agree to its terms.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name (Please Print) \_\_\_\_\_

# DEBIT/CREDIT CARD Authorization Form

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Cardholder's Name (as it appears on card) \_\_\_\_\_

Credit Card Number (list all numbers) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV\* \_\_\_\_\_

\*CVV is the last 3 digits on the back of your card. For AMEX it's the 4-digit code on the front side.

**Master Card**    **Visa**    **American Express**    **Discover**

Check circle if same as **Home Address**

**Credit Card Billing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I agree to be charged in the amount indicated above via debit/credit card if I fail to follow the cancellation policy as stated by terms set by Touch of Class Medspa & Laser Center Inc.**

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_