Credit Card Authorization Form

Please complete all fields. Credit Card Authorization is required for all retreat bookings. You may cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I,_____, authorize Dani Yarusso Yoga, LLC (DBA Arrow) to charge my credit card above, for agreed upon purchases, and or company Terms & Conditions.

I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date

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