



*JR Dietetics L.L.C.
Jennifer Ross-Anderson, RD*

Client Payment Form

I agree to pay all fees for service at time of service

I agree to allow Jennifer Anderson to charge my credit card for any fees accrued which are not paid at the time of service. This includes, but is not limited to, fees for no-show, and/or fees for cancelled appointments without 24 hours notice

Signature: _____

Date: _____

Credit Card information

Name on Card: _____

Expiration month/year: _____

Card Number: _____

CVC Code: _____

Zip code of billing address: _____