

Payment

Payment is due at the time that your session is scheduled, either online or paid directly to me at the time of booking. Credit, checks, digital payments and exact cash preferred. No tips, please. All sales are final. No refunds.



Cancellations

Minimum 24 hours notice required. Cancellations within the 24 hour window may elect the following: either pivot to a 40 minute guided self-treatment session via zoom or phone call, or receive emailed guidance from me during the booked hour on self-treatment techniques and considerations that support your treatment plan.

Late Arrivals

Clients forfeit any time remaining during their appointment time for which they arrive late.

Credit Card Authorization Form

Please complete all fields.

Credit Card Information Card

Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card): _____

Last 4 digits of Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **Alex LaPierre LMT 012979 of Peak Performance Therapy, LLC.** to charge my credit card for agreed upon services and fees. I understand that my information will be kept on file for future transactions on my account. I have also reviewed the above stated policies and agree to be charged appropriately should cancellations arise.

I know that I may cancel this authorization at any time by contacting **Alex LaPierre LMT 012979 of Peak Performance Therapy, LLC.** at (678) 262-8843 or pkperformancetherapy@gmail.com. This authorization will remain in effect until canceled in writing.

_____ Customer Signature. _____ Date

Please retain a copy of this contract for your records. Also, please contact me at (678) 262-8843 with any questions, comments or concerns regarding these policies.