



**Omaha Blue Waves Massage,  
Bodywork & Education Center**  
15121 Industrial Rd.  
Omaha, NE 68144  
(402) 215-6017

**We appreciate Your Business**

Thank you for your business. We appreciate you putting your trust in us for your massage therapy needs and are honored to serve you. Please note our policy below to better serve you and our other clients.

**Cancellation, No Show Policy**

In order to provide the best service to all of our clients we require that 24 hours notice be given when cancelling appointments. It is important to us to provide the best service to our clients and short notifications make it difficult to reschedule others needing service. Failure to give appropriate notice or no showing their appointment will result in clients being charged for the unused service time. To make sure that we provide fair scheduling and therapeutic service to all of our clients, clients who arrive late for their appointment shall have that amount of time deducted from their massage. Those who have no showed or late cancelled their appointments 2 or more times will need to prepay for service.

**Please complete the information below:**

I \_\_\_\_\_ authorize [Omaha Blue Waves Massage, Bodywork & Education](#)  
(full name)

[Center](#) to charge my credit card indicated below or other card on file for the amount of my massage service scheduled if I should no show or late cancel an appointment. I also authorize prepayment of my service if it falls within the policy of Omaha Blue Waves.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE READ**

*I understand that this authorization will remain in effect and I agree to notify [Omaha Blue Waves](#) in writing of any changes in my account information prior to service use. I certify that I am an authorized user of this credit card/bank account and will not dispute these charges with the credit card company; so long as the transactions correspond to the terms indicated in this authorization form.*

**Credit Card**

Visa  MasterCard  
 Discover  
 Cardholder Name \_\_\_\_\_  
 Account Information  
 Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 SEC Code \_\_\_\_\_  
 Initials \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_