



Cultivating Balance Counseling

therapy + wellness

Credit Card Authorization Form

Card Holder's Name: _____

(Exactly as it appears on the credit card)

Client's Name: _____ Therapist: _____

Card Type (circle one): Visa Mastercard Discover American Express

Card Number: _____ Expiration date(Month and year): _____

CVV Code (3 or 4 digit code from back of card): _____

Billing Address: _____

Card Holder's Phone Number: () _____ - _____

I authorize the purchase of services from Cultivating Balance Counseling, LLC using this Credit Card Authorization Form. I understand that Cultivating Balance Counseling, LLC may charge my card at any time for services rendered and for the subsequent outstanding balance that may occur. I also understand that if my bill becomes 90 days past due the full owed amount will be charged to this credit card automatically. I agree that I will pay for this purchase and indemnify and hold Cultivating Balance Counseling, LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Card Holder's Signature: _____

Date: _____

Witness Signature: _____

Date: _____