



Credit Card Authorization Form

Cardholder Information

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Phone/Cell: (_____) _____ - _____

Authorization:

- I authorize charges against my credit card for counseling services
- I authorize use of this card for other purposes: _____

Credit Card Information

Credit Card Type: MasterCard Visa Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____

Date _____ / _____ / _____

Security Code: _____