



Credit Card Authorization Form

I, _____, hereby authorize _____ to charge the following credit card account in the amount shown below for monthly health coaching services. This payment agreement will be in effect until services have been completed or are ended by request of the client either verbally or in writing.

CREDIT CARD INFORMATION:

CARD TYPE: _____ VISA _____ MASTERCARD

Card Number:	_____		
Card Verification Code:	_____		
Expiration Date:	_____		
Name on Card:	_____		
Billing Street Address:	_____		
City, State, Zip:	_____		
Email Address:	_____		
Amount:	\$	per month for 6 months =	Total
		\$	

Cardholder's Signature: _____

Thank you.