Credit Card Authorization form

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Company Name: |  |
|  |
| Name as it appears on Credit Card: |  |
|  |
| Street Address: |  |
|  |
| City: |  | State/Province: |  | Zip: |  |
|  |
| Country: |  | Email: |  | Phone: |  |
|  |
| Credit Card Type: | VISA | MasterCard | American Express | Discover |
|  |
| Credit Card Number: |  |
|  |
| Exp. Date: |  | CVV #: |  |
|  |
| I authorize Clarity Connection LLC to keep this information on file and charge my card for all fees related to counseling services and associated and associated costs including, but not limited to, missed appointment fees. By signing below, I attestet that I am the cardholder and authorized to make charges on this card. |
|  |
|  |  |
|  |
| Signature: |  |
| Date: |  |
|  |
|  |