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|  | **Coastal Healing & Counseling Services**  **2122 S. El Camino Real #203**  **Oceanside, CA 92054**  **(760) 407-2840** |  |
| creditcard_form_05 | | |
|  | | |
| 3 digit security code (4 digit for AMEX)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip code of billing address for credit card: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Would you like email confirmation of charges? **Yes No**    If yes, please provide email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

I authorize the use of this card as payment for services provided by Coastal Counseling:

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Signature Date