

STRATEGIC COACHING AND THERAPIES LLC

By signing this document, I grant Carol Sheets LCSW/Strategic Coaching and Therapies LLC permission to charge my credit or debit card for coaching consultation services. You automatically get charged for reserving the slot.

This agreement is valid for a period of one year.

I have read this policy and agree to the terms outlined above.

Client Signature

Printed Name

Today's Date

Phone No. _____

Card Type: VISA ____ Master Card ____ Discover ____

Card Number: _____

Expiration Date: _____

3 Digit Code Number (from back): _____

Billing Zip Code: _____

Please scan and email back to me.