



New Focus Counseling Center of Nevada
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5. Credit Card Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. (You may leave this form blank if you do not wish to allow credit card authorization at this time)

Credit Card Information

Card Type:

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Cardholder ZIP Code:

CW/CW2:

By checking this box I am agreeing to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Name: _____ Signature: _____ Date: _____