



Believe in Hope Counseling, LLC

Credit Card Authorization

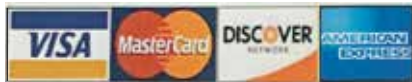
Client Name _____

Counselor _____

Date of Service ____/____/____

Charge Amount \$ _____

Specify Type of Credit Card _____



Name on Card _____

Billing Address _____

Cardholder's Phone Number _____

Credit Card # _____

Expiration Date ____/____

Security Code _____

I, _____, authorize *Believe in Hope Counseling* to bill my credit card for the amount indicated above and/or for any ongoing balances on my account.

Note: *There will be a time delay in the processing of charges to your credit card due to the nature of our billing system.*