

BIOFEEDBACK STRESS-RELIEF SERVICES

Karie Klim, MFT, MFC 101425

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Credit Card Processing Fees Agreement

All forms of credit are accepted in this practice—MasterCard, Visa, American Express, Discover. A convenience fee of the charge on the credit card will be assessed per transaction—2.75% + .10 on swiped transactions and 3.5 + .15 for manual transactions. This will apply to only payments made by credit card. Karie Klim, LMFT will not profit from any of those fees.

Name of Client: _____

Name of Person Responsible for Payment of Account: _____

Address of Responsible Person: _____

Street Address

City _____ State _____ Zip _____

Telephone #: _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____

The client, or the client's **Responsible Party**, understands that they are **responsible** for all costs of collection. By signing below, you agree to accept full **financial responsibility**, including additional convenience fees as a client who is receiving medical services, or as the **responsible party** for minor or dependent clients.

Responsible Party Signature: _____ Date: ____/____/____

Responsible Party Name (Please print): _____