

Credit Card Authorization

Please complete this form even if you will not be charging your sessions on a regular basis. Missed appointments, returned checks, check fees, & any outstanding balances will automatically be charged to this credit account.

Client Name _____

Contact Information					
Telephone Numbers	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Work: () -</td> <td style="width: 50%; padding: 5px;">Home: () -</td> </tr> <tr> <td style="padding: 5px;">Cell: () -</td> <td style="padding: 5px;">Fax: () -</td> </tr> </table>	Work: () -	Home: () -	Cell: () -	Fax: () -
Work: () -	Home: () -				
Cell: () -	Fax: () -				
Credit Card Information					
Name as it appears on card	_____				
Email (optional)	_____				
Credit Card Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">□ □ □ □</td> <td style="width: 25%; text-align: center;">□ □ □ □</td> <td style="width: 25%; text-align: center;">□ □ □ □</td> <td style="width: 25%; text-align: center;">□ □ □ □</td> </tr> </table>	□ □ □ □	□ □ □ □	□ □ □ □	□ □ □ □
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Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
Expiration Date & Card Identification (CVV)	_____ / _____ / _____ <i>(month) (year) (cvv)</i>				
Your Credit Card Billing Address	_____ <i style="text-align: center;">Street Address</i> _____ <i style="text-align: center;">City, State, & Zip Code</i>				

_____ I authorize Jackie L. Stout, LLC to process my credit card for payment of services rendered.
(Initial) I understand that this form is valid for four years unless I cancel the authorization through written notice to Jackie L. Stout.

_____ Signature _____ Date

All information is safeguarded and kept in the strictest of confidence.