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**CREDIT CARD INFORMATION FORM**

Please complete the following information in blue or black ink. Then securely return this form with your other forms.

**NAME OF PERSON CONSULTING:** \_\_\_\_\_

**NAME ON CREDIT CARD (if different):** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**CVV (3 digits on signature panel or 4 digits on front for Am Ex)** \_\_\_\_\_

(CVV = Card Verification Value)

**COMPLETE ADDRESS where bills are sent for this credit card:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_

Authorizes credit card to be charged upon conclusion of consultation. Amount charged will depend upon total time spent consulting. Total amount charged will be determined per rates outlined in the Consultation Policies Form at the end of the consultation.