

Credit Card Authorization Form

**CARDHOLDER INFORMATION**

Name:

Billing Street Address:

Street Address (cont.):

City: State: Postal Code:

Email

Address:

Direct Telephone: ( ) -

**□** I authorize a charge against my credit card for therapy with Emily Hastings.

**CREDIT CARD INFORMATION**

Credit Card Type: **□** MasterCard **□** Visa **□** American Express **□** Discover Card

Number:

Expiration Month: Expiration Year:

Cardholder Signature X Date / /

Security Code:

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