

## Credit Card Authorization

I authorize Sharon L. Ward to keep my signature on file and to charge this credit card at the rate of \$ 110.00 per 50 minute session / \$ 150 per 90 minute session. Phone time, sessions that run over the scheduled time, no showed or late cancelations may also be charged to this card. I understand that rate will be prorated for any additional session or phone time.

FAX this form to 817-441-6179

Card Holder's Name \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

**ZIP**

Client's name \_\_\_\_\_

Relationship to Cardholder \_\_\_\_\_

Card Number  
[please write clearly] \_\_\_\_\_

Master Card

Visa

Discover

American Express

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

This agreement will expire when revoked **in writing** by the card holder.

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

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Card Authorization Voided \_\_\_\_\_ Date \_\_\_\_\_