
Credit Card Authorization Form



Client Name: _____

Card Holder's Name (as it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder's Phone: _____

Card Holder's Email: _____

I authorize Freedom Counseling, Coaching & Consulting, PLLC to keep my signature on file and charge my card for balances due.

Card Holder Signature

Date

Card: _____ Visa _____ MasterCard _____ Discover

Account #: _____

Expiration (MM/YY): _____ / _____ Card Security Code (3 digits): _____

Card Type: _____ Credit _____ Debit

Note: Charges will appear on your statement as "Freedom C3."