

Credit Card Authorization Form				
Customer Information:				
Name:				
Billing Address:				
City:		State:		ZIP:
Phone:		Email:		
Credit Card Information:				
Cardholder Name:				
Card Number:				
Expiration Date:		CVV/CVC:		
Billing ZIP/Postal Code:				
Authorization:				
I, _____, hereby authorize _____ to charge (Client signature) my credit card for the following purposes:				
Description- Session Fee:				
I understand that this authorization is for a one-time transaction or recurring payments as specified above. I agree to be responsible for any applicable fees or charges associated with this transaction.				
Cardholder's Signature:				
Date:				
Please submit this form via fax, email, or in person.				