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CREDIT CARD AUTHORIZATION

I, _____ ,
Cardholder's name

hereby authorize Dr. Virginia Crist, Ph.D., LMFT to charge the following credit card:

Type of Card (circle one): Visa Mastercard AMEX Discover

Card Number: _____ Exp. Date: _____

Security Code: _____

Phone Number: _____

Billing Address: _____

_____

_____

Email Address: _____

Bill Amount: _____

_____ _____
Cardholder's Signature Date