

[Your logo/letterhead goes here]

Credit/Debit Card Authorization

I, authorize *[your name and company name here]*, to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing.

Client Name: _____

Name on Card: (if not the same as above) _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Card Number: _____

Expiration Date MMY: _____

\$ Amount per month (see Coaching Agreement) _____

Card Type: (please circle one) MasterCard Visa

Authorized Signature/Date: _____

Prior to your first session, please fax or mail this form to:

[your name, company name, business address and fax go here]