



Credit Card Authorization Form

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

Client's Name: _____ Therapist: _____

Card Type (circle one): VISA MC AmEx

Card Number: _____ Expiration: _____

CVV Code (3/4 digits only): _____

Billing Address: _____

Card Holder's Phone Number: () _____ - _____

I authorize the purchase of services from Glenview Counseling Group, LLC using this Credit Card Authorization Form. I understand that Glenview Counseling Group, LLC may charge my card at any time for services rendered and for the subsequent outstanding balance that may occur. I also understand that if my bill becomes 90 days past due the full owed amount will be charged to this credit card automatically. I agree that I will pay for this purchase and indemnify and hold Glenview Counseling Group, LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Card Holder's Signature: _____ Date: _____

Witness Signature: _____ Date: _____