

Credit Card Authorization Form

I, _____, hereby authorize Rakel Delevi, PhD, LMFT to charge my credit card account in the amount not to exceed:

\$ _____

() VISA () MasterCard () American Express

Credit Card Number: _____

Expiration Date: ____/____ Security Code: _____

*Please note that there will be a 10\$ service fee for any transactions processed online.

Credit Card Billing Address:

Name (exactly as it appears on the card):

Billing address: Street: _____

City: _____ State: _____ Zip code: _____

Telephone: () _____ --- _____

By Signing below as the credit card holder, I agree to pay the card issuer the above amount pursuant to the card holder agreement.

Signature

Date

As the credit card holder, I also authorize Rakel Delevi to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____/____ Initials Here: _____

Your completion of this authorization form helps us protect your credit card from fraud. Dr. Rakel Delevi will keep all information entered on this form strictly confidential.