



Date: ___/___/___

Credit Card Processing Form

I, _____, hereby authorize the Center for Mindful Health, LLC to charge the following credit card account the amount shown below for health coaching services. This payment agreement will be in effect until services have been completed or are ended by my (the Client's) request either verbally or in writing.

Charge Information:

Amount: \$ _____ Billing Date: ___/___/___

Recurring Charge: ___ Yes ___ No (If Yes) Number of Charges: _____

Cardholder's Signature: _____

Credit Card Information:

Card Type: ___ Visa ___ MasterCard

Card Number: _____

Expiration Date: ___/___

Security Code: _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____
